2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134655

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Jul 21, 2005 8:00 am Secretary of State

07-21-2005 90028 018 ***150.00

☐ Change

☐ Addition

1. Entity Nam USA JEW									
Principal Place 18943 S-01X NORTH MIAM		Mailing Address 18943 S. DIXIE HWY NORTH-MIAMI BEACH FE	33180				50	05663	33
2. Principal P	lace of Business OCEAN DRIVE *, etc. A	3. Mailing Address Suite, Apt. #, etc. 14.	REN De	VE.	07132005	Chg-P	CB2F03	4 (10/03)	
City & State	ANDALE FZ	City & State HALLAMALE	25 RB		4. FEt Numbe 36-454	er -		Ap No	plied For t Applicable
Zip J d O	09 Country	Zip 3 209	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F	Registered A	gent	
Name									
BARZVI, N 1817 SOU HALLAND	Street Ad	dress (F	P.O. Box Numbe	er is Not Acceptabl	е).				
			City					Zip Code	
							FL	<u> </u>	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or i	register	ed agent, or bot	h, in the State of Fl	orida. I am ta	amiliar with,	and accept
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signatur	e required	when reinstating)		DATE		
1	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contril			00 May Be ed to Fees	In accordance corporation did	with s. 607. I not receive	193(2)(b), the prior r	F.S., the notice.
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS	D BARZVI, NANCY 1817 SOUTH OCEAN DRIVE ~	Delete	TITLE NAME STREET ADORESS				•	Change	☐ Addition
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP						
NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeta	TITLE NAME STREET ADDRESS CITY-ST-7IP					☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ITILE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE X Day Day VALCY SALZ-VI 7/14/05SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayume Phone #

Delete

ATTACHMENT

Usa Jewelry
1817 S Ocean Dr
Hallandale Fl.33009
7/14/05

P03000 /34-655

Florida Dept of St Division of Corp

To whom it may concern.

My store closed in Sept of 2004 and my mail was not forwarded. Please accept the 150.00. to renew the corporation.

Thank you; Nancy Barzvi