


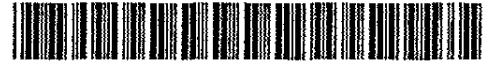
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P92000008108	
<b>1. Entity Name</b> JEWELRY BY JOSHUA, INC.	

<b>Principal Place of Business</b> 1041 NE 180 TERRACE N MIAMI BCH, FL 33162 US	<b>Mailing Address</b> P.O. BOX 600538 N. MIAMI BCH, FL 33160 US
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**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0372727	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WEINBERG, JOSHUA  
1041 NE 180 TERRACE  
NO MIAMI BCH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	WEINBERG, BETTY
<b>STREET ADDRESS</b>	1041 NE 180 TERRACE
<b>CITY-ST- ZIP</b>	N MIAMI BCH, FL
<b>TITLE</b>	STD
<b>NAME</b>	WEINBERG, JOSHUA
<b>STREET ADDRESS</b>	1041 NE 180TH TERRACE
<b>CITY-ST- ZIP</b>	N MIAMI BCH, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST- ZIP</b>	

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01/20/04-80029-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** Betty Weinberg Betty Weinberg 1-14-04 305-249-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #