

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90185 022 \*\*\*150.00

DOCUMENT # P93000029728

1. Entity Name  
CAROL MARIE JEWELRY, INC.



Principal Place of Business  
3661 W. BLUE HERON BLVD.  
RIVIERA BCH, FL 33404 US

Mailing Address  
109 OCEAN TERR  
PALM BEACH, FL 33480 US

64076313



2. Principal Place of Business  
744 Waterway Drive  
Suite, Apt. #, etc.

3. Mailing Address  
744 Waterway Drive  
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State  
North Palm Beach  
Zip 33408 Country Palm Beach

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North Palm Beach  
Zip 33408 Country Palm Beach

4. FEI Number  
65-0407780  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINO, CAROL  
109 OCEAN TERRACE  
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
744 Waterway Drive  
City North Palm Beach FL Zip Code 33408

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

Signature, typed or printed name of registered agent and title if applicable

(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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>MARTINO, CAROL M<br>109 OCEAN TERRACE<br>PALM BEACH, FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | SD<br>MARTINO, JOEL<br>109 OCEAN TERRACE<br>PALM BEACH, FL    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | 744 Waterway Drive<br>North Palm Beach FL 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | 744 Waterway Drive<br>North Palm Beach FL 33408 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Carol Martino CAROL MARTINO 4-25-04 561-799-2668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #