


**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**

City & State  
**North Palm Beach**

Zip  
**33408**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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