

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000037687 1. Entity Name DELUXE JEWELRY, INC.	
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Principal Place of Business 7152 N. UNIVERSITY DR. TAMARAC, FL 33321	Mailing Address 7152 N. UNIVERSITY DR. TAMARAC, FL 33321
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08262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0476542	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUENCA, DIEGO 7441 N.W. 21 COURT MARGATE, FL 33063	DO NOT WRITE IN THIS SPACE
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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CUENCA, DIEGO 403 S.W. 73RD AVENUE NORTH LAUDERDALE, FL 33068
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09/03/04-800006-018 150.00

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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: <u>Diego Cuenca</u> <u>PRESIDENT</u> <u>SEPT 1-04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____