## 2004 FOR PROFIT CORPORATION

## Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT 04-26-2004 91108 001 \*\*\*150.00 DOCUMENT # P95000001726 04-26-2004 91108 002 \*\*\*\*\*8.75 1. Entity Name ZOLTAN JEWELRY INC. 66415396 Principal Place of Business Mailing Address ZOLTAN JEWELRY 5164 EAST BAY DR. CLEARWATER, FL 33764 5164 EAST BAY DR CLEARWATER, FL 33764 3. Mailing Address 2. Principal Place of Business ZOLTAN JEWELRY Suite, Apt. #, etc. Suite, Apt. #, etc 04202004 Cha-P CR2E034 (10/03) 5162 EAST 5162 EAST City & State 4. FEI Number Applied For 59-3288080 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required :... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINGER, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 5154 EAST BAY DR CLEARWATER, FL 33764 5162 EAST BAY DRIVE 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, (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITE D ☐ Detete TITLE ☐ Change Addition - CORECTION-SINGER, STEVEN A NAME NAME 5162 EAST BAY DRIVE STREET ADDRESS % 5154 E BAY DR, STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP CLEARWATER, FL 34642 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MULDER, ELIZABETH F CORRECTION . NAME NAME 5162 EAST BAY DRIVE STREET ADDRESS % 5154 E BAY DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 CITY-ST-ZIP CLEARWATER, FL 34642 - Stelete -TITLE -- Change - Addition -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED**