


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 026 ***158.75

DOCUMENT # P95000028683 1. Entity Name STARFIRE JEWELRY AND GIFT, INC.					
Principal Place of Business 1910 WELLS RD 1910 WELLS ROAD ORANGE PARK FL 32073 US			Mailing Address 1910 WELLS RD 1910 WELLS ROAD ORANGE PARK FL 32073 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3309586 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VASWANI, LAXMAN K 5496 WEAVER RD ORANGE PARK FL 32065			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 <i>[Signature]</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>			DATE 3-22-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VASWANI, MADIHA M		NAME		
STREET ADDRESS	5496 WEAVER RD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE POARK FL 32065		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VASWANI, LAXMAN K		NAME		
STREET ADDRESS	5496 WEAVER RD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		CITY-ST-ZIP		
TITLE	S		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VASWANI, KERMINA L		NAME	SECRETARY	
STREET ADDRESS	5496 WEAVER RD		STREET ADDRESS	VASWANI, CHERIN L	
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP	5496 WEAVER ROAD, ORANGE PARK, FL 32065	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05

Date

904-264-3402

Daytime Phone #

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.