


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90001 004 ***150.00

DOCUMENT # P96000027764	
1. Entity Name BLUE MARLIN JEWELRY, INC.	

Principal Place of Business 81915 OVERSEAS HWY ISLAMORADA, FL 33036 US	Mailing Address PO BOX 466 ISLAMORADA, FL 33036 US
--------------------------------------------------------------------------------------	------------------------------------------------------------------

44050597



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

07022004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 65-0654318	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent GONZALEZ, ARMANDO R 220 TARPON ST TAVERNIER, FL 33070	
-------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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.
-----------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JILL B 220 TARPON ST TAVERNIER, FL 33070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, ARMANDO 220 TARPON ST TAVERNIER, FL 33070 <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 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
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:  **Armando R. Gonzalez** **7/8/04** **3056648004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Tolley & Zirilli, P.A. #P96000027764
CERTIFIED PUBLIC ACCOUNTANTS

9200 S. DADELAND BLVD • SUITE 412
MIAMI, FL 33156
OFFICE 305.870.1001 • FAX 305.670.1888
CELLULAR 305.608.8898

44050597
97665 OVERSEAS HIGHWAY
KEY LARGO, FL 33037
OFFICE 305.852.9898 • FAX 305.852.9997
Tolley4fsu@aol.com

July 27, 2004

Florida Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

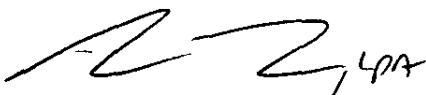
Enclosed is a 2004 Annual Report for Blue Marlin Jewelry, Inc., and this corporation's check number 3345 in the amount of \$150. Please abate the \$400 2004 For Profit Corporation Annual Report late filing penalty for this corporation for reasonable cause.

Taxpayer was not aware that it was necessary to download the form from the Secretary of State website, and as such, the Annual Report Form was not received by this corporation.

This corporation filed its 2004 For Profit Corporation Annual Report as soon as practically possible. It was necessary for this corporation to engage the services of an independent accountant to obtain the necessary Annual Report Form.

Neither an Annual Report Form nor a Request Postcard was received from the Secretary of State.

Respectfully submitted,



Shawn W. Tolley, C.P.A.
File: T-Blue Marlin Jewelry, Inc. (Fl Sec Abate) - 7-27-04