

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90242 016 \*\*\*150.00

**DOCUMENT # P97000008465**

1. Entity Name

DEO'S JEWELRY, INC.



Principal Place of Business

Mailing Address

7543 WEST HILLSBOROUGH AVENUE  
TAMPA, FL 33615

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TAMPA, FL 33615



04232004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3423432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GAJADHAR, SEUDATT  
7543 W HILLSBOROUGH  
TAMPA, FL 33615

**DO NOT WRITE  
IN THIS SPACE**

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**  
**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 PD  
NAME GAJADHAR, SENDATT  
STREET ADDRESS 7543 WEST HILLSBOROUGH AVENUE  
CITY-ST-ZIP TAMPA, FL 33615

TITLE S  
NAME GAJADHAR, MOHANDAI  
STREET ADDRESS 7543 WEST HILLSBOROUGH AVENUE  
CITY-ST-ZIP TAMPA, FL 33615

TITLE T  
NAME GAJADHAR, TERRY  
STREET ADDRESS 7543 WEST HILLSBOROUGH AVENUE  
CITY-ST-ZIP TAMPA, FL 33615

TITLE P  
NAME GAJADHAR, SEUDATT  
STREET ADDRESS 7543 W HILLSBOROUGH  
CITY-ST-ZIP TAMPA, FL 33615

TITLE S  
NAME GAJADHAR, MOHANDAI  
STREET ADDRESS 7543 W HILLSBOROUGH  
CITY-ST-ZIP TAMPA, FL 33615

TITLE T  
NAME GAJADHAR, TERRY  
STREET ADDRESS 7543 W HILLSBOROUGH  
CITY-ST-ZIP TAMPA, FL 33615

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IN THIS SPACE**

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:

*Sendatt Gajadhar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

(813) 881-1284

Daytime Phone #