


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000080845

1. Entity Name
AVENTURA JEWELRY AND COIN, INC.



Principal Place of Business 18861 BISCAYNE BLVD. #6 AVENTURA, FL 33180	Mailing Address 18861 BISCAYNE BLVD. #6 AVENTURA, FL 33180
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02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0783021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, GARY S
 4000 HOLLYWOOD BOULEVARD
 SUITE 265-S
 HOLLYWOOD, FL 33021**

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 _____ 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 D	NAME FREIMAN, MICHAEL	STREET ADDRESS 18861 BISCAYNE BLVD. #6	CITY ST ZIP AVENTURA, FL 33180
TITLE VPS	NAME FREIMAN, MELINDA	STREET ADDRESS 3880 N 48TH AVENUE	CITY ST ZIP HOLLYWOOD, FL 33021
TITLE NAME	STREET ADDRESS	CITY ST ZIP	
TITLE NAME	STREET ADDRESS	CITY ST ZIP	
TITLE NAME	STREET ADDRESS	CITY ST ZIP	
TITLE NAME	STREET ADDRESS	CITY ST ZIP	

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 04/23/04-80022-017 150.00

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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)(c), 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: Melinda Freiman Date: 4-21-04 (305) 933-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR