2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000015567

1. Entity Name
THE PRINCESS JEWELRY, FINE ARTS AND CIGARS, CORP.

Principal Place of Business	Mailing Address
248 N.W. LEJEUNE ROAD MIAMI, FL 33126	248 N.W. LEJEUNE ROAD MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0813681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARROTTA, RENZO
248 N.W. LEJEUNE ROAD
MIAMI, FL 33126

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000150153
05/03/04-80216-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, ROQUE
STREET ADDRESS	248 N.W. LEJEUNE ROAD
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	MUNOZ, MARIA T
STREET ADDRESS	248 N.W. LEJEUNE ROAD
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	SOSA, LEONARDO
STREET ADDRESS	248 N.W. LEJEUNE ROAD
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	PERROTTA, RENZO
STREET ADDRESS	248 N.W. LEJEUNE ROAD
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ 1-26-04 305-303-5939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #