

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000015567 1. Entity Name THE PRINCESS JEWELRY, FINE ARTS AND CIGARS, CORP.	
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Principal Place of Business 248 N.W. LEJEUNE ROAD MIAMI, FL 33126	Mailing Address 248 N.W. LEJEUNE ROAD MIAMI, FL 33126
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05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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
Due by September 7, 2005**

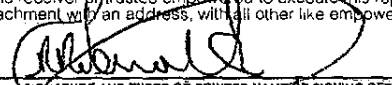
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

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05/06/05-80028-009 150.00

**DO NOT WRITE
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)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05
Date

Daytime Phone #