

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000080593

1. Entity Name

OQUENDO JEWELRY MFG. INC.



Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0863716

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

FLORIDA ANNUAL REPORT SERVICES
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ANNA CANCERA LOPEZ 3-15-04

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 OQUENDO, ROLANDO R
STREET ADDRESS 502 SW 13 AVE APT 3
CITY-ST-ZIP MIAMI, FL 33135

TITLE STD
NAME OQUENDO, OLIMPIA R
STREET ADDRESS 502 SW 13 AVE APT 3
CITY-ST-ZIP MIAMI, FL 33135

TITLE VD
NAME OQUENDO, OMAR
STREET ADDRESS 502 SW 13 AVE APT 3
CITY-ST-ZIP MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000097576
03/29/04-80006-009 150.00

**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)(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: *X Olimpia Oquendo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OLIMPIA OQUENDO

2/11/04