


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000002236
 1. Entity Name
 REYES DEL MAR JEWELERS, INC.



Principal Place of Business 14 NE 1 AVENUE SUITE 1405 MIAMI, FL 33132	Mailing Address 14 NE 1 AVENUE SUITE 1405 MIAMI, FL 33132
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04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SANTANA, FRANCIS X ESQ.
 28 W. FLAGLER STREET
 SUITE 400
 MIAMI, FL 33130

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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 _____
Signature is typed to protect name of registered agent and file if applicable (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

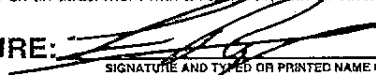
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000129171
 04/26/04-80066-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REYES, LUIS 760 WEST 70 PL HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PENTON, RICARDO 1400 NORTH 74 TERRACE HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYES, RAQUEL 4475 POST AV MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PENTON, VIVIANNA 1400 7 74 TR HOLLYWOOD, FL 33024
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)(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:  *officer* 04-21-04 (305)577-0289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis REYES