2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # P99000076986				Se Se	cretary of State
1. Entity Name JEWELRY BY GIORGIO ENTERPRISES, INC.					
[}		·			
Principal Plac	ce of Business	Mailing Address			_
2595 N.W. 2 BOCA RATO	29TH DRIVE N, FL 33434	2595 N.W. 29TH DŘÍVE Boca raton, Fl. 33434	7 .		
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				gaggagag Na Cha B	CD2E024 (10(02)
DO NOT WRITE IN THIS SPAC			CE	03032005 No Chg-P	CR2E034 (10/03) Applied For
			_	65-0946598	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
6, Name and Address of Current Registered Agent					
	I, GEORGIO A			DO NOT W	/RITE
2595 N.W. 29TH DRIVE BOCA RATON, FL 33434			IN THIS SPACE		
				IN THIS SI	PACE
8. The above named entry 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, pages planted name of registered agent and title if applicable (NOTE. Registered Agent signature required when rehistating) DATE					
0 Floring Complete Floring					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND C	PIRECTORS	T		
TITLE NAME	D SALAMEN, GIORGIO	•		THE THE PERSON NAMED IN TH	
STREET ADDRESS CITY-ST-ZIP	2595 NW 29 DR BOCA RATON, FL 33434			Hooo	000000
TITLE					0253676 -80041-024 150.00
NAME Street address					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·]		
TITLE NAME			**************************************		au N
STREET ADDRESS City-St-Zip				DO NOT W	/RITF
TITLE			-	- IN THIS SI	
NAME STREET ADDRESS			ŀ	IN THIS SI	ACE
CITY-S1-ZIP	·		1		
TITLE NAME	· 	· · · · · · · · · · · · · · · · · · ·		- Industry .	
STREET ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>	<u> </u>			
NAME					
STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trightee empowered to secure the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trightee empowered 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.					
or the corporation or the receiver or triggles 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 3-3-05 × 561703 4777					
SIGNADURE AND TYPICO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cato Davistre Proce #					