


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S08793**  
1. Entity Name  
**J & J JEWELRY, INC.**



Principal Place of Business      Mailing Address  
**14706 SW 56 ST.  
MIAMI, FL 33185-4070**      **14706 SW 56 ST.  
MIAMI, FL 33185-4070**



**DO NOT WRITE IN THIS SPACE**

03282005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0235371**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CABRERA, JUAN  
7765 SW 75TH AVE  
MIAMI, FL 33143**

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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

U00000314060  
04/18/05-80153-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CABRERA, JUAN
STREET ADDRESS	7765 SW 75TH AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Juan Cabrera    **JUAN CABRERA**    4-16-05    (305) 383-1700

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #