


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 470419</b> 1. Entity Name <b>MARIO'S CASTING JEWELRY, INC.</b>					
Principal Place of Business <b>55 NE 1ST STREET #51</b> <b>MIAMI, FL 33132</b>			Mailing Address <b>55 NE 1ST STREET #51</b> <b>MIAMI, FL 33132</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1604025</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ENCINOSA, ISRAEL J</b> <b>111 NE 1 ST, SUITE 603</b> <b>MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CAMERO, LUIS</b> <b>11595 NE 21ST DR.</b> <b>NORTH MIAMI, FL 33181</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000687813 04/10/07-80053-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <b>CAMERO, MARTA</b> <b>11595 NE 21ST DR</b> <b>NORTH MIAMI, FL 33181</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to an address, with all other like empowered.					
SIGNATURE: <i>Marta Camero</i>		V-PRESIDENT 01/13/07		_____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	