

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K45152

1. Entity Name
CARIBBEAN GEMS AND JEWELRY, INC.



Principal Place of Business

36 NE 1ST ST.
#141
MIAMI, FL 33132

Mailing Address

36 NE 1ST ST.
#141
MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0080342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE VIVO, ITALO M
36 NE 1ST STREET
141
MIAMI, FL 33132

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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: Italo DeVivo VD
Signature, typed or printed name of registered agent and title if applicable

1-6-2006

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DE VIVO, ITALO M
STREET ADDRESS
14263 SW 108 STREET
CITY-ST-ZIP
MIAMI, FL 33186

TITLE
NAME
DE VIVO, ITALO
STREET ADDRESS
10890 SW 153 COURT
CITY-ST-ZIP
MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000381308
01/11/06-80049-004 158.75

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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 with an address, with all other like empowered.

SIGNATURE: Italo DeVivo VD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2006 305 374-0333

Date

Daytime Phone #