## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # K93574

1. Entity Name LUANY JEWELERS II, INC.

Principal Place of Business Mailing Address

300 SW 107TH AVENUE

**SUITE 105** SWEETWATER, FL 33174 300 SW 107TH AVENUE SUITE 105

SWEETWATER, FL 33174

## **FILED** Apr 02, 2007 08:00 AM Secretary of State



01312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0133814 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

OJEDA, NEIT R 7900 SW 26 ST MIAMI, FL 33155

## DO NOT WRITE IN THIS SPACE

			1		
8. The above the obligat	named entity submits this statement for the particles of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registers	d Agent signatur	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PSDT OJEDA, NEIT R 7900 S.W. 26TH STREET MIAMI, FL 33155				Unantipon de d
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OJEDA, ANA 7900 SW 26ST MIAMI, FL 33155				U00000684544 04/06/07-80041-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		A CONTRACTOR OF THE CONTRACTOR			

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 fignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 impowered.

CICNATIDE.

CITY-ST-ZIP