## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # M23896 LUANY JEWELERS I, INC. Principal Place of Business Mailing Address 9863 S.W. 40 ST. 9863 S.W. 40 ST. MIAMI, FL 33165-3977 MIAMI, FL 33165-3977 01312007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2604351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OJEDA, NEIT R DO NOT WRITE 7900 SW 26TH ST MIAMI, FL 33155 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 regis tered adent. Net USEDA SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE OJEDA, NEIT R NAME 7900 S.W. 26TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME OJEDA, ANA U00000684646 STREET ADDRESS 7900 SW 26 ST 04/06/07-80041-015 150.00 CITY-ST-ZIP MIAMI, FL. 33155 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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 too 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 if 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 any address, with all the relief empowered.

CICMATINE.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP