


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000038377**

1. Entity Name  
**ALDO JEWELRY CORPORATION**



Principal Place of Business      Mailing Address  
**2740 BAYSHORE DR UNIT 11**      **2740 BAYSHORE DR UNIT 11**  
**NAPLES, FL 34112**                      **NAPLES, FL 34112**

**DO NOT WRITE IN THIS SPACE**



02142006    No Chg-P    CRZE034 (11/05)

4. FEI Number <b>59-3717485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANADOS, CARELIA**  
**5224 WARREN ST**  
**NAPLES, FL 34113**

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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 \_\_\_\_\_

**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 STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ALDO 6479 SEAWOLF COURT APT NO. 3 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANADOS, CARELIA 5224 WARREN ST NAPLES, FL 34113
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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: *ALDO ALVAREZ*      02/25/06      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR