2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2005 08:00 AM DOCUMENT # P0100007 78 **Secretary of State** 1. Entity Name **EVA TIFFANY JEWELER INC** Principal Place of Business Mailing Address 967 SEBASTIAN BLVD. UNIT F 967 SEBASTIAN BLVD. UNIT F SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3731253 Not Applicable Zip . Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORBUT, EVA TIFFANY Street Address (P.O. Box Number is Not Acceptable) 967 SEBÁSTIAN BLVD, UNIT F SEBASTIAN FL 32958 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. THE Change Delete HILE Addition 🔲 U00000234630 KORBUT, EVA TIFFANY NAME NAME 02/18/05-80028-019 150.00 274 HARP TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CHY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET AGGRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete HHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of tustee 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 attackment with an address, with all other like empowered.

SIGNATURE:

FILED