## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P99000101649** 04-24-2006 90430 018 \*\*\*150.00 LE MONDE JEWELS, INC. Principal Place of Business Mailing Address 17800 W. DIXIE HIGHWAY 17800 W. DIXTE HIGHWAY 40060559 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0963246 Not Applicable Country Ζip 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 Ozie ALVAREZ, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 17800 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 City Worth Miami Beach Zip Code 33/60 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. Yuda Ozie President 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE President Delete NAME ALVAREZ, GILBERTO NAME Yuda Oziel 17800 W. Dixie Highway #A STREET ADDRESS 17800 W. DIXIE HIGHWAY #A STREET ADDRESS North Miami Beach, FL. 33160 CITY-ST-7IP NORTH MIAMI BEACH, FL 33160 CITY-ST-7/P TITLE Vice · President Delete TITI F Addition | Eva Rose Oziel 17800 W. Dixie Highway #A NAME NAME STREET ADDRESS STREET ADDRESS North Miami Beach, FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:P TITLE ☐ Detete ■ Addition STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP

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: