## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # P02000131122 1. Entity Name 05-02-2006 90145 010 \*\*\*150.00 KLAUS FINE JEWELRY, INC. Principal Place of Business Mailing Address 2441 NW 43RD STREET 2441 NW 43RD STREET GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 02-0655906 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 KLAUS FINE JEWLREY, INC. Street Address (P.O. Box Number is Not Acceptable) 2441 N.W. 43RD ST. SÚITE 2-A GAINESVILLE FL 32-606x 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, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 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. ☐ Delete TIFLE ☐ Addition NAME BALDUZZI, STARLA NAMÈ 14101 NW 15 Lane STREET ADDRESS STREET ADDRESS 11226 NW 34TH, AVE. CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIP Gornesville, Ft 32600 TITLE Delete THIE ■ Addition MAMI-MULRENNAN, REBECCA NAME 6618 NW 53RD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP ☐ Detete THE ☐ Change Addition KLAUS, ALFREDO G JR Garresville, FL 32606 STREET ADDRESS STREET ADDRESS 10026 NW 13TH LN. CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL 32606 TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP DILE □ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

May 02, 2006 8:00 am

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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Dat

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information