


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # P95000023292**

1. Entity Name  
**STYLE JEWELRY, INC.**



Principal Place of Business <b>36 N.E. 1ST STREET          SUITE 712          MIAMI, FL 33132</b>	Mailing Address <b>36 N.E. 1ST STREET          SUITE 712          MIAMI, FL 33132</b>
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**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0579628</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

**HAIM, DAVID  
 36 NE 1ST ST  
 SUITE 712  
 MIAMI, FL 33132**

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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, 2007 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	VP HALM, DAVID 412 POINCIANA DRIVE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIANI, TACKI 20185 S. COUNTRY CLUB DRIVE #150 AVENTURA, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELIANI, JACKI 36 NE 1ST ST. #712 MIAMI, FL 33132
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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:** \_\_\_\_\_ **2/5/07** **(305) 374-1389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #