

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90836 023 \*\*\*150.00

**DOCUMENT # P02000131122**

1. Entity Name  
**KLAUS FINE JEWELRY, INC.**



Principal Place of Business  
**2441 NW 43RD STREET  
2A  
GAINESVILLE, FL 32606**

Mailing Address  
**2441 NW 43RD STREET  
2A  
GAINESVILLE, FL 32606**

40092954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**02-0655906**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLAUS FINE JEWELRY, INC.  
2441 N.W. 43RD ST. SUITE 2-A  
GAINESVILLE, FL 32606x**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BALDUZZI, STARLA</b>	
STREET ADDRESS	<b>14101 NW 15 LANE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MULRENNAN, REBECCA</b>	
STREET ADDRESS	<b>6618 NW 53RD TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32653</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>KLAUS, ALFREDO G JR</b>	
STREET ADDRESS	<b>14005 NW 15 LANE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Starla K Balduzzi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X April 26, 2007*  
Date Daytime Phone #