

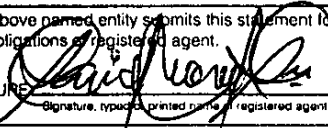
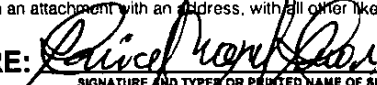


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 035 ***158.75

DOCUMENT # P07000056746 1. Entity Name DARIO NOVOA JEWELRY CORPORATION					
Principal Place of Business 1 NE 1 STREET SUITE B12 MIAMI, FL 33132			Mailing Address 1 NE 1 STREET SUITE B12 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13326 SW 152 ST 3306			
City & State Miami FL		4. FEI Number 26-0143172		Applied For <input type="checkbox"/> Not Applicable	
Zip 33177		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVOA, DARIO 8065 SW 107 AVE BLDG 5 NO. 319 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Dario Novoa Duarte Street Address (P.O. Box Number is Not Acceptable) 13326 SW 152 ST APT 3306 City Miami FL Zip Code 33177	
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:  Dario Novoa <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OCAMPO, MARIA C 1602 MERIDIAN #20 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOVOA DUARTE, DARIO 8065 SW 107 AVE #5-319 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dario Novoa Duarte 13326 SW 152 ST APT 3306 Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOA PRIETO, EDNA 8065 SW 107 AVE #5-319 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edna Novoa Prieto 13326 SW 152 ST APT 3306 Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, ROSAELENA 8065 SW 107 AVE #5-319 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosa Elena Prieto 13326 SW 152 ST APT 3306 Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ivan Dario Novoa 13326 SW 152 ST APT 3306 Miami FL 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 full power like empowered.					
SIGNATURE:  Dario Novoa Duarte <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date		Daytime Phone # 786-499-1066	