2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 18, 2005 08:00 AM **Secretary of State DOCUMENT # 308557** 1. Entity Name LA ORQUIDEA JEWELRY INC Principal Place of Business Mailing Address 145 NE 1 STREET 145 NE 1 STREET MIAMI, FL 33132 MIAMI. FL 33132 03052005 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1157967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYON, MIGUEL DO NOT WRITE 145 NE STREET MIAMI, FL 33132 IN THIS SPACE 3. 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 regulaed when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD **BRYON.MIGUEL** NAME 520 BRICKELL KEY DR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 000000268184 03/18/05-80032-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied eath; 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

SIGNATURE:

CITY-ST-ZIP

FILED