


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90005 018 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # 357513 | |  | |
| 1. Entity Name BOB LEE, INC. <i>D/B/A LEE GILBERT JEWELRY</i> | | | |
| Principal Place of Business 777 NW 72 AVE 240 2476 MIAMI FL 33126 | | Mailing Address 777 NW 72 AVE 240 2076 MIAMI FL 33126 | |
| 2. Principal Place of Business - No P.O. Box # <i>MIAMI MOORE MART</i> | | 3. Mailing Address | |
| Suite, Apt. #, etc. <i>1 2076</i> | | Suite, Apt. #, etc. <i>Same</i> | |
| City & State <i>MIAMI FL</i> | | City & State | |
| Zip <i>33126</i> | Country <i>U.S.</i> | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GILBERT, ELY 2271 NE 203 TERR. NORTH MIAMI BEACH FL 33160 <i>(H&F SOLD)</i> | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <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 | PTD GILBERT, ELY <i>Suite 2076</i> <i>777 - N.W. 72 AVE</i> <i>MIAMI, FL 33126</i> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby 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 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: *Ch. L. Gilbert* *1/25/07* *(305) 264-2106*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #