

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653075

FILED
May 01, 2008
Secretary of State

Entity Name: BUVIN JEWELRY OF FLORIDA, INC.

Current Principal Place of Business:

36 NE FIRST STREET
217
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

36 NE FIRST STREET
217
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-2034008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWINSKI, STANISLAS
36 NE FIRST ST
SUITE 217
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOWINSKI, STANISLAS,
Address: 7601 SW 82 COURT
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: SOWINSKI, ANA MARIA
Address: 7601 SW 82 COURT
City-St-Zip: MAIMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANISLAS SOWINSKI

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date