## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # 675394 -- --1. Entity Name ITALIAN JEWELRY, INC. Principal Place of Business Mailing Address 36 N.E. 1ST STREET, STE 120 36 N.E. 1ST STREET, STE 120 MIAMI, FL 33132 MIAMI, FL 33132 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2018801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, MIGUEL DO NOT WRITE 36 N.E. 1ST STREET **SUITE # 120** IN THIS SPACE MIAMI, FL 33132 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HERNANDEZ, MIGUEL 36 N.E. 1ST STREET, STE 120 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 TITLE HERNANDEZ, MARIA C. NAME STREET ADDRESS 36 N.E. 1ST STREET, STE 120 CITY-ST-ZIP MIAMI, FL 33132 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: Migue Hernandez

SIGNATURE: Migue Helman

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

NAME STREET ADDRESS

4-25-08

805-374-2939

**FILED** 

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