

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90261 015 ***150.00

DOCUMENT # 697487



1. Entity Name
MIAMI - NEW YORK DIAMOND AND JEWELRY COMPANY

Principal Place of Business
**SEYBOLD BLDG #130
36 NE 1ST STREET
MIAMI, FL 33132**

Mailing Address
**SEYBOLD BLDG #130
36 NE 1ST STREET
MIAMI, FL 33132**

50000212



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

59-2130478

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M. GLINSKY &
169 E FLAGLER
STE 1118
MIAMI, FL 33132**

Name **M. GLINSKY &**

Street Address (P.O. Box Number is Not Acceptable)

169 E. FLAGLER STE 1620

City **MIAMI**

FL

Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1-9-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DP**
STREET ADDRESS **MITRANI, JOSE**
CITY - ST - ZIP **20191 E COUNTRY CLUB DR APT 702
AVENTURA, FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

1-9-07

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