2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G49460

1. Entity Name
JOYERIA ULTRAL, INC.



Principal Place of Business

% ELOY APARICIO 1171 S.W. 8TH STREET MIAMI, FL 33130 Mailing Address

% ELOY APARICIO 1171 S.W. 8TH STREET MIAMI, FL 33130

FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90112 050 ***150.00



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2305822

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

APARICIO, ELOY 1171 S.W. 8TH STREET MIAMI, FL 33130

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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 AGAINST SIGNATURE					
Schange, presidented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
		9. Election Campaign Financi	ina \$5.00	May Be	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution			☐ Added t		
	OFFICEOR AND DIRECT	TODO I			
10.	OFFICERS AND DIRECT	210H2			
TITLE NAME	APARICIO, ELOY				
STREET ADDRESS	1333 SW 13TH AVE				
CITY-ST-ZIP	MIAMI, FL				
RILE	D				
NAME	APARICIO, ELOY				
STREET ADDRESS	1333 SW 13TH AVE				
CITY-ST-ZIP	MIAMI, FL				
TITLE					
NAME					
STREET ADDRESS	+ ************************************			DO NOT	WRITE
CITY-ST-ZIP	<u> </u>				
TITLE	· ·			IN THIS	SPACE
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TITLE		·			
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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.					

TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR