

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90031 033 \*\*\*150.00

**DOCUMENT # G50449**

1. Entity Name  
**TOMAS MONTALVO JEWELRY, INC.**



Principal Place of Business

**14 NE 1ST AVE  
810  
MIAMI, FL 33132 US**

Mailing Address

**14 NE 1ST AVE  
810  
MIAMI, FL 33132 US**

**00007342**



2. Principal Place of Business

**14 N.E. 1st Avenue**

3. Mailing Address

**14 N.E. 1st Ave.**

Suite, Apt. #, etc.

**Suite 306**

Suite, Apt. #, etc.

**Suite 306**

01102006

Chg-P

CR2E034 (11/05)

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**59-2302765**

Applied For

Not Applicable

Zip

**33132**

Country

**USA**

Zip

**33132**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHEER, EMERY B., C.P.A., PA  
9655 SOUTH DIXIE HIGHWAY 3RD FLOOR  
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name **SHEER EMERY B., C.P.A., P.A.**

Street Address (P.O. Box Number is Not Acceptable) **2525 Ponce de Leon Blvd.**

City **Coconut Grove**

**FL**

Zip Code

**33134**

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 reinstating)

DATE

**1/22/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MONTALVO, TOMAS**  
STREET ADDRESS **8621 SW 180TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **ST** ☐ Delete  
NAME **MONTALVO, YOLANDA**  
STREET ADDRESS **8621 SW 180TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Yolanda Montalvo** **YOLANDA MONTALVO** **1/22/06** **305-436-4666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #