### 2007 FOR PROFIT CORPORATION

#### May 14, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # G57559** 05-14-2007 90095 007 \*\*\*150.00 1. Entity Name JEWELRY NETWORK, INC. 40113344 Principal Place of Business Mailing Address 11430 W. SAMPLE ROAD 11430 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2334379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTOPHER, DANIA R Street Address (P.O. Box Number is Not Acceptable) 3320 BANKS RD #101 MARGATE, FL 33063 City Zip Code 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 4/30/07 SIGNATURE tered age and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FREVOLA, FRANK D. NAME STREET ADDRESS 8501 NW 54TH COURT STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ALIEL CHRISTOPHEN

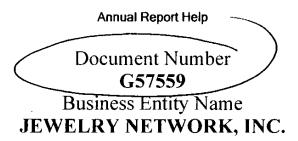
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# ATTACHMENT 40113344 Division of Corporations

### Annual Report



FEI Number

592334379

FEI Number Status

Listed Above Applied For

Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund

Yes No

Contribution

#### **Principal Place of Business**

Address

11430 W. SAMPLE ROAD

Suite, Apt. #, etc.

City, State

**CORAL SPRINGS** 

Εİ

Zip Code & Country 33065

#### **Mailing Address**

Address

11430 W. SAMPLE ROAD

Suite, Apt. #, etc.

City, State

CORAL SPRINGS

FL

Zip Code & Country 33065

#### Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

CHRISTOPHER, DANIA R

Address (PO Box is not

3320 BANKS RD #101

acceptable) Suite, Apt. #, etc.	H01133H4 #657559	-
City, State	MARGATE	, FL
Zip Code & Country	33063 US	

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT

#### **Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

#### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD			
Name (Last, First, Middle, Title)	•		,	,
- OR -				
Entity Name to serve as Officer/Director	FREVOLA, FRANK D.	<u></u>		
Street Address	8501 NW 54TH COURT			
City, State	LAUDERHILL	, FL		
Zip Code & Country				
Title				
Name (Last, First, Middle,				
Title)	,		,	,
- OR -				
Entity Name to serve as				
Officer/Director			-	

# #G57559

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

Title)

- OR -

Entity Name to serve as

Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

Title)

- OR -

Entity Name to serve as

Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

**Division of Corporations** 

ATTACHMENT 40 113344

Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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