2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # G92951 1. Entity Name GOLD JEWELRY CREATIONS, INC. Principal Place of Business Mailing Address 7152 N. UNIVERSITY DR. P O BOX 8394 TAMARAC FL 33321 CORAL SPRINGS FL 33075-8394 2. Principal Place of Business 3. Mailing Address Suite, Apt. J., etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Cily & State City & State 4. FEI Number Applied For 59-2388137 Not Applicat Zìp Country Zrp 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 COOPER, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 7152 N UNIVERSITY DR TAMARAC FL 33321 City Zip Cade 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 egent and lifts if applicable (NOTE Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financino After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE מפ ☐ Detete TATLE ☐ Change Addition NAME COOPER, LAWRENCE J. NAME STREET ADDRESS 7152 NORTH UNIVERSITY DR STREET ADDRESS TAMARAC FL CITY-ST-ZIP CITY-ST-ZIP DILE Delete TITLE ☐ Change Additlan NAME MAAA U00000488431 STREET ADDRESS STREET ADDRESS 04/17/06-80006-018 150.00 CITY-ST-ZIP CITY-ST-ZIP TALE ☐ Detete TITLE Change ☐ Addition NAME STREET AUTORESS STREET ADDRESS CITY-ST-719 City-SI-71P THLE Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 313) E Defete ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY - ST - ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-702 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

AWRENCE T. Cooler

954-122-3404