

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90050 049 ***150.00

DOCUMENT # H59043

1. Entity Name
D.J.'S JEWELERS, INC.



Principal Place of Business
6804 N. ARMENIA AVE. #9
TAMPA, FL 33604

Mailing Address
6804 N. ARMENIA AVE. #9
TAMPA, FL 33604

40011140



DO NOT WRITE IN THIS SPACE

01132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2676930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCO, DENNIS H.
6804 N. ARMENIA AVE.
TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

TITLE	P
NAME	BLANCO, DENNIS H.
STREET ADDRESS	3101 W JEAN ST 7219 Pine Valley St.
CITY-ST-ZIP	TAMPA, FL Bradenton, FL 34202
TITLE	T
NAME	BLANCO, HILDA
STREET ADDRESS	2409 LEMON STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	JUAREZ, HELEN
STREET ADDRESS	7709 PAULA DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	V
NAME	BRADFORD, MARVIN
STREET ADDRESS	807 W. FRANCIS
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

1-18-07 (813) 933 6276