

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # J42959

1. Entity Name

DADDY'S JEWELRY STORE, INC.



Principal Place of Business
**3033 NE 2ND AVE.
MIAMI FL 33137**

Mailing Address
**3033 NE 2ND AVE.
MIAMI FL 33137**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0293607**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JIMENEZ, EDUARDO N
3033 NE 2ND AVE.
MIAMI FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JIMENEZ, EDUARDO N**
STREET ADDRESS **3033 NE 2ND AVE**
CITY-STATE-ZIP **MIAMI FL 33137**

TITLE **VP** ☐ Delete
NAME **JIMENEZ, EDUARDO JR**
STREET ADDRESS **3033 NE 2ND AVE**
CITY-STATE-ZIP **MIAMI FL 33137**

TITLE **SD** ☐ Delete
NAME **JIMENEZ, ENITH**
STREET ADDRESS **9201 SW 105 ST**
CITY-STATE-ZIP **MIAMI FL 33176**

TITLE **T** ☐ Delete
NAME **HERNANDEZ, ADRIANA**
STREET ADDRESS **8920 SW 102ND CT**
CITY-STATE-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000598252**
CITY-STATE-ZIP **01/24/07-80067-013 158.75**

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/07 305 5767417

Date

Daytime Phone #