## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42959

FILED Jan 13, 2009 Secretary of State

| Entity Name: DADDY'S JEWELRY STORE, INC.    |   |                            |                      |  |   |                               |          |
|---|---|----------------------------|----------------------|--|---|-------------------------------|----------|
| Current Principal Place of Business:        |   |                            |                      | New Principal Place of Business:             |   |                               |          |
| 3033 NE 21<br>MIAMI, FL                     |   |                            |                      |  |   |                               |          |
| Current Mailing Address:                    |   |                            |                      | New Mailing Address:                         |   |                               |          |
| 3033 NE 21<br>MIAMI, FL                     |   |                            |                      |  |   |                               |          |
| FEI Number:                                 | 65-0293607                                  | FEI Number Applied         | For ( ) FEI Nur      | nber Not Appl                                | cable ( )   | Certificate of Status Desired | d (X)    |
| Name and                                    | Address o                                   | of Current Registered      | Agent:               | Name and Address of New Registered Agent:    |   |                               |          |
| JIMENEZ,<br>3033 NE 21<br>MIAMI, FL         | ND AVE.                                     | JS                         |                      |  |   |                               |          |
| The above in the State                      |   |                            | nt for the purpose o | of changing it                               | s registered  | office or registered agent, o | or both, |
| SIGNATUR                                    | RE:   |                            |                      |  |   |                               |          |
|   | Elect                                       | tronic Signature of Regi   | stered Agent         |  |   | Date                          |          |
| Election Can                                | npaign Finan                                | cing Trust Fund Contributi | on ( ).              |  |   |                               |          |
| OFFICERS AND DIRECTORS:                     |   |                            |                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |                               |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD<br>JIMENEZ, E<br>3033 NE 2N<br>MIAMI, FL |                            |                      | Title:<br>Name:<br>Address:<br>City-St-Zip:  | PD (X)<br>JIMENEZ, EDU<br>9201 SW 105<br>MIAMI, FL 33 | TH STREET                     |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP<br>JIMENEZ, E<br>3033 NE 2N<br>MIAMI, FL |                            |                      | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (   | ) Change ()Addition           |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SD<br>JIMENEZ, E<br>9201 SW 1<br>MIAMI, FL  | 05 ST                      |                      | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (   | ) Change ()Addition           |          |
| Title:                                      | Т   | ( ) Delete                 |                      | Title:                                       | т о   | () Change ( ) Addition        |          |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HERNANDEZ, ÁDRIANA

7402 SW 125 COURT

MIAMI, FL 33183

SIGNATURE: EDUARDO JIMENEZ PD 01/13/2009

HERNANDEZ, ÁDRIANA

8920 SW 102ND CT

MIAMI, FL 33176

Name:

Address:

City-St-Zip: