

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K25107

1. Entity Name
EL BRILLANTE JOYERIA, INC.



FILED

05 MAY 12 PM 3:16

SECRET
TALLAHASSEE, FLORIDA



04292005 Chg-P CR2E034 (10/03)

Principal Place of Business
1214 SW 8TH STREET
MIAMI, FL 33135

Mailing Address
1214 SW 8TH STREET
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0069847

Applied For
Not Applicable

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

ELIAS, EDUARDO
1214 SW 8TH STREET
MIAMI, FL 33135

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 re-appointing)

DATE

Amended AR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ELIAS, EDUARDO ☐ Delete
STREET ADDRESS 1214 S.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME 600055322416
STREET ADDRESS 05/25/05--01017--005
CITY-ST-ZIP **\$1.75

TITLE S ☒ Delete
NAME ELIAS, LISSETTE
STREET ADDRESS 1214 S.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Eduardo Elias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #