2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 19, 2007 08:00 AN Secretary of State DOCUMENT # K25107 1. Entity Name EL BRILLANTE JOYERIA, INC. Principal Place of Business Mailing Address 829 SW 8TH ST 829 SW 8TH ST MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 65-0069847 Not Applicable Zip Country Zip 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 ELIAS, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 829 SW 8TH ST **MIAMI FL 33130** City 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, typo3 or printed name of registered agent and tifle in applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 11111 ☐ Delele Change ☐ Addition ELIAS, EDUARDO NAME MAME 829 SW 8TH ST STREET ADDRESS SIREE ADDRESS MIAMI FL 33130 CITY ST ZIP CITY SI-ZIP ☐ Delete 11111 ☐ Change Addition NAME 000000670713 SIRVET ADDRESS SIBLLI ADDRESS 03/27/07-80123-804 150.00 CITY S1-ZIP CITY ST ZIP BHE Delete MEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-ZIP IIIU ☐ Defete 18818 ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI ZIP {||}} ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 702 CITY ST-ZIP 11111 ☐ Delete HILL ☐ Change Addition NAME NAME SIDEE! ADDRESS STREET AODRESS CITY ST ZIP CHY SI 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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

afışlez___

3as) 858-9596 Devine Phone #