

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90054 033 ***150.00

DOCUMENT # K58268

1. Entity Name

JAYTEE JEWELS, INC.



Principal Place of Business

% MITCHELL SHMALO
7161 S.W. 117TH AVE.
MIAMI FL 33183

Mailing Address

% MITCHELL SHMALO
7161 S.W. 117TH AVE.
MIAMI FL 33183



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 65-0093920

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

SHMALO, MITCHELL
7161 S.W. 117TH AVE.
MIAMI FL 33183

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-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHMALO, MITCHELL
STREET ADDRESS 7114 S.W. 139TH PL
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3011 ROYAL PALM AVENUE
CITY- ST- ZIP MIAMI BEACH, FLORIDA 33140

TITLE VSTD
NAME SHMALO, CATHY
STREET ADDRESS 7114 S.W. 139TH PL
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3011 ROYAL PALM AVENUE
CITY- ST- ZIP MIAMI BEACH, FLORIDA 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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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 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:

Cathy Shmal

CATHY SHMALO

2/7/07

305-595-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #