2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011857

Name:

Entity Name: YOUR PERSONAL JEWELER, LLC

FILED Jul 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O STEVEN DORFMAN STEVEN DORFMAN

14 N.E. FIRST AVE. #1505 169 EAST FLAGLER STREET, SUITE 1627

MIAMI, FL 33132 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

C/O STEVEN DORFMAN STEVEN DORFMAN

14 N.E. FIRST AVE. #1505 169 EAST FLAGLER STREET, SUITE 1627

MIAMI, FL 33132 MIAMI, FL 33131

FEI Number: 65-1121769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ENRIQUEZ, STEPHEN C ENRIQUEZ, STEPHEN C 19 WEST FLAGLER STREET SUITE 600 15291 NW 60TH AVENUE MIAMI, FL 33130 US SUITE 100

MIAMI LAKES, FL 33014 US

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.

Name:

SIGNATURE: STEPHEN ENRIQUEZ 07/13/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete MGR Title: (X) Change () Addition

DORFMAN, STEVEN DORFMAN, STEVEN Address: 14 N.E. FIRST AVE. #1505 Address: 169 EAST FLAGLER STREET, SUITE 1627

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33131

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN DORFMAN 07/13/2007