


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90363 031 ****50.00

DOCUMENT # L03000039615 1. Entity Name CRISTINA SANTOS JEWELRY, L.L.C.			
Principal Place of Business 1623 EMBASSY DRIVE NO 201 WEST PALM BEACH, FL 33401		Mailing Address 1623 EMBASSY DRIVE NO 201 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 18186 SW 29 ST Suite, Apt. #, etc.		3. Mailing Address 18186 SW 29 ST Suite, Apt. #, etc.	
City & State Miramar, FL Zip 33029		City & State Miramar, FL Zip 33029	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOS, CRISTINA 1623 EMBASSY DRIVE NO 201 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Santos, Cristina Street Address (P.O. Box Number is Not Acceptable) 18186 SW 29 ST City Miramar FL Zip Code 33029	
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 _____ (NOTE: Registered Agent signature required when restate) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANTOS, CRISTINA 1623 EMBASSY DRIVE NO 201 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Santos, Cristina 18186 SW 29 ST Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	