

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # M10511

1. Entity Name
H & L WHOLESALE JEWELRY, INC.



Principal Place of Business
**9864 S.W. 40TH STREET
MIAMI, FL 33165**

Mailing Address
**9864 S.W. 40TH STREET
MIAMI, FL 33165**



01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2486045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROZIO, LEON JOSE
6536 S.W. 22ND ST.
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

04/21/08-80002-008 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/21/08-80002-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROZIO, TANIA ANGELA
STREET ADDRESS	6536 S.W. 22ND ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	PD
NAME	JOSE, ROZIO L
STREET ADDRESS	6536 SW 22ND ST
CITY-ST-ZIP	MIAMI, FL

TITLE	S
NAME	GARCIA, MARIA L
STREET ADDRESS	8500 NW 166TH TERR
CITY-ST-ZIP	MIAMI, FL 33016

TITLE	VT
NAME	GARCIA, TIMOTED H
STREET ADDRESS	8500 NW 166TH TERR
CITY-ST-ZIP	MIAMI LAKES, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTED H. GARCIA 4-04-08 (305) 223 9710

Date

Daytime Phone #