


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State


DOCUMENT # M28834

1. Entity Name
H. & H. JEWELS, INC.



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|---|---|
| Principal Place of Business 3434 MAIN HIGHWAY COCONUT GROVE, FL 33133 US | Mailing Address 3434 MAIN HIGHWAY COCONUT GROVE, FL 33133 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 59-2670239 | 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

**ATAN, CORREA, GUATCH AND SHAPIRO, P.A.
 255 UNIVERSITY DRIVE
 MIAMI, FL 33134**

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 reinstating)

| | | |
|--|---|--|
| FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000002883450 04/07/08-80037-007 150.00 |
|--|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES BREDEMEIER, HERMANN H. 3434 MAIN HIGHWAY COCONUT GROVE, FL 33133 |
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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 reports 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

Date: **03/15/08** Daytime Phone # _____