## 2007 FOR PROFIT CORPORATION ANNUAL REPORT\_\_\_\_

## FILED Apr 19, 2007 8:00 am Secretary of State

ANNOAL KLI OKI					Secretary of State				
1. Entity Nam	MENT # M43533 PARUNA JEWELRY, INC.				04-19-2007 9	•			
Principal Place	e of Business	Mailing Address							
7440 SW 48 ST		% DIAZ & ASSOCIATES, INC.		40069	455				
MIAMI, FL 33155		780 NW 42 AVE, STE 422		dhaa	¥ -				
		MIAMI, FL 33126	_	l					
2. Principal Place of Business - No P.O. Box #		782 Mut 42 Arc.						1864 (8 1888)	
Suite, Apt. #, etc.		Suite, Apt. # sets. 637		04032007	Chg-P	CR2E03	34 (12/06)		
City & State	Apolish Service	City & State-	, FL	4. FEI Number 59-274				plied For Applicable	
Zip	Country	33126	Country		of Status Desired		8.75 Add ee Required		
	8. Name and Address of Current	Registered Agent	- No-	7. Name and	Address of New I	Registered A	gent		
DARLINA	DEDDO.		Name						
DARUNA, 498 NW 74			Street Addres	s (P.O. Box Numb	er is Not Acceptable	e)			
	33126-4238								
,			City			FL	Zip Code	,	
8. The above	named entity submits this statement to	r the purpose of changing its re	gistered office or regis	tered agent, or bo	th, in the State of F	orida. I am fa	amiliar with,	and accept	
	lons of registered apent.								
SiGNATURE_									
SIGNATORE	Signature, typed or printed hame of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)		DATE		<del></del>	
SIGNATORES	Signature, typed or printed hame of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ	pired when reinstating)		DATE			
FIL	Signature, typed or phried hame of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign	Financing \$	55.00 May Be dded to Fees		DATE			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	Financing \$	55.00 May Be added to Fees	CHANGES TO OF		DIRECTORS	3 IN 11	
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12. I hereby certify that the information supplied with this filling 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

4/12/07 301-6614407