2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90052 011 ***150.00

DOCUMENT # M59903

1. Entity Name
D'ALONSO JEWELERS,INC.

Principal Place of Business	Mailing Address
~~286 MIRACLE MILE~~ ~~CORAL GABLES FL 33134~~ 9240 SW 34Th Street Miami Fla 33165	~~286 MIRACLE MILE~~ ~~CORAL GABLES FL 33134~~ 9240 SW 34Th Street Miami Fla 33165
2. Principal Place of Business - No P.O. Box # 9240 SW 34Th St	3. Mailing Address 9240 SW 34Th St
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State Miami, Fla	City & State Miami, Fla
Zip 33165 Country USA	Zip 33165 Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0005026 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALONSO, DOMINGO
9240 SW 34TH ST
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALONSO, DOMINGO 9240 SW 34TH ST MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marisol Alonso DV 9240 SW 34Th Street Miami Fla 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Alonso, Marisol DV 9240 SW 34Th Street Miami Fla 33165 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Domingo Alonso 1/23/07 305-446.6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #