

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY -2 PH 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-07



DOCUMENT # P00000003292		
1. Entity Name JEWELIA'S TREASURES, INC.		

Principal Place of Business 2897 W SUNRISE BLVD FORT LAUDERDALE, FL 33311	Mailing Address 2897 W SUNRISE BLVD FORT LAUDERDALE, FL 33311
---	---

2. Principal Place of Business - No P.O. Box # 11641 Countryview Lane Suite, Apt. #, etc.	3. Mailing Address 11641 Countryview Lane Suite, Apt. #, etc.
---	---

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0973858	Applied For Not Applicable
Zip 33428	Country USA	Zip 33428	Country USA

6. Name and Address of Current Registered Agent CARTER, FALTINO 11641 COUNTRY VIEW LANE BOCA RATON, FL 33428		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 	DATE 4/29/07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, FALTINO 11641 COUNTRY VIEW LANE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400103288864 05/25/07--01020--005 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, MICHELLE 11641 COUNTRY VIEW LANE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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

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: 	DATE 4/29/07 Daytime Phone # 954-249-0405

25/11