FILED
Apr 20, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028052

1. Entity Name
EMERALDS & JEWELRY CORP.

Principal Place of Business	Mailing Address
11401 PINES BLVD STE. 270 PEMBROKE PINES, FL 33026-4129	11401 PINES BLVD STE. 270 PEMBROKE PINES, FL 33026-4129

DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1008705
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALAZAR, NORBERTO
11401 PINES BLVD STE. 270
PEMBROKE PINES, FL 33026-4129

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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

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SALAZAR, NORBERTO
STREET ADDRESS	11401 PINES BLVD STE. 270
CITY-ST-ZIP	PEMBROKE PINES, FL 330264129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80076-004 150.00

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: Norberto Salazar 4-17-07 954-5380759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #