


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90016 043 ***150.00

DOCUMENT # P00000075196		
1. Entity Name JEFFREN JEWELRY REPAIRS, INC.		

Principal Place of Business 1ST NE 1ST STREET #B-25 MIAMI, FL 33132	Mailing Address 1ST NE 1ST STREET #B-25 MIAMI, FL 33132
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50004882

2. Principal Place of Business 1601 w 8 ave	3. Mailing Address 1601 w 8 ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah FL 3301	City & State Hialeah FL 33010
Zip 33010	Country USA



03202006 Chg-P CR2E034 (11/05)

4. FEI Number 35-1030520		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BONILLA, CARMEN F 1ST NE 1ST STREET #B-25 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Jeffren Portillo Street Address (P.O. Box Number is Not Acceptable) 1601 W 8th Ave City Hialeah FL 33010

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: *Jeffren Portillo* DATE: 3-20-06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BONILLA, CARMEN 1ST NE 1ST STREET B-25 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Jeffren Portillo 1601 W 8 Ave Hialeah FL 33010 <input type="checkbox"/> Change <input checked="" 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
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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
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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: *Jeffren Portillo* DATE: 3-20-06 DAYTIME PHONE: 786-326-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR