## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P00000092006 1. Entity Name MARIBEL FAHION & JEWERLY INC Principal Place of Business Mailing Address 2808 BAY ST LAKEHILL PLAZA EUSTIS FL 32726 2808 BAY ST LAKEHILL PLAZA EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3677821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA, SERGIO 3428 VALVIEW DR Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 Zip Code F 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TATE F Change Addition U00000336535 ORTEGA, SERGIO NAME NAME 04/27/05-80131-004 150.00 STREET ADDRESS 3428 VALEVIEW DR STREET ADDRESS APOPKA FL 32703 CITY-SI-71P CitY-SI-7/P TITLE 31111 ☐ Delete Change Addition RODRIGUEZ ORTEGA, MARIBEL MAME NAME STREET ADDRESS 3428 VALEVIEW DR STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-7P DILE Delete Title.E ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILL Delete ☐ Change Addition NAME NAME CURRET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF Dist Delete Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED