

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 042 ***150.00

DOCUMENT # P00000100500 1. Entity Name A.D.S. JEWELRY INC.			
Principal Place of Business 9903-B SOUTH MILITARY TRAIL BOYNTON BEACH, FL 33436		Mailing Address 100 E LINTON BLVD #141A DELRAY BEACH, FL 33483	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 9903-B SOUTH MILITARY TRAIL Suite, Apt. #, etc. City & State Zip Country 33436 PALM-BEACH	
4. FEI Number 65-1055914		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01102007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TUBERO, CHAIM LESQ 100 E LINTON BLVD #141A DELRAY, FL 33483		7. Name and Address of New Registered Agent Name CHAIM TUBERO Street Address (P.O. Box Number is Not Acceptable) 9903-B SOUTH MILITARY TRAIL City BOYNTON BEACH FL Zip Code 33436	
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 _____ (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. <input type="checkbox"/> \$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	D TUBERO, CHAIM 100 E LINTON BLVD #141A DELRAY, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAIM TUBERO 9903-B SOUTH MILITARY TRAIL BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without other like empowered.			
SIGNATURE: _____		CHAIM TUBERO 1-10-2007 561-732-7002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	