

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000102654

1. Entity Name  
MIAMI JEWELRY EXCHANGE CORPORATION



Principal Place of Business  
22 NE 1ST ST  
SUITE 123  
MIAMI, FL 33132

Mailing Address  
55 NE 1ST. STREET, #12  
MIAMI, FL 33132



03082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1055269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMINOV, ABRAM  
55 NE 1ST. STREET, #12  
MIAMI, FL 33132

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP AMINOV, ABRAM 55 NE 1ST ST., SUITE 12 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AMINOV, GEORGE 55 NE 1ST ST., SUITE 12 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMINOV, MANI 55 NE 1ST ST., SUITE 12 MIAMI, FL 33132
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**DO NOT WRITE  
IN THIS SPACE**

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05/17/07-80009-012 158.75

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 a designation with an officer who is empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mani Aminov 4/25/07 (305) 373-9878