## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P01000038377 ALDO' JEWELRY CORPORATION

Principal Place of Business

2740 BAYSHORE OR UNIT 11 NAPLES, FL 34112

Mailing Address

2740 BAYSHORE DR UNIT 11 NAPLES, FL 34112

**FILED** Mar 01, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

02142006

No Chg-P CR2E034 (11/05)

4. FEI Number 59-3717485

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANADOS, CARELIA 5224 WARREN ST NAPLES, FL 34113			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 it applicable. (NOTE: Registered				Agent signature required when reinstating) DATE		
File NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		:		
TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME	D ALVAREZ, ALDO 6479 SEAWOLF COURT APT NO. 3 NAPLES, FL 34112 D GRANADOS, CARELIA			, **.	U00000451844 (8/11/06-80003-003 150.00	
STREET ADDRESS CITY-ST-ZIP	5224 WARREN ST NAPLES, FL 34113				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	

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 perfort 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 time empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Davime Phone 9