## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000053166

1. Entity Name

PASADENA ESTATE JEWELRY, INC.



**FILED** Jul 19, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business

790 PASADENA AVE SOUTH PASADENA, FL 33707

Mailing Address

790 PASADENA AVE SOUTH PASADENA, FL 33707



| DO | NOT | WRITE  | E IN THIS | SPACE |
|----|-----|--------|-----------|-------|
|    |     | **!*!* |           |       |

CR2E034 (11/05) 07132007 No Chg-P 4. FEI Number Applied For 59-3760195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

5. Name and Address of Current Registered Agent

PHAN, DAVID 790 PASADENA AVE SOUTH PASADENA, FL 33707

SIGNATURE

## DO NOT WRITE IN THIS SPACE

| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE  UD0000769598  07/19/07-80807-017 15000   |   |  |              |                                |  |  |  |
|---|---|--|--------------|--------------------------------|--|--|--|
| FILE NOW!!! FEE IS \$150.00<br>Due by September 14, 2007  |   | Election Campaign Finance     Trust Fund Contribution. | oing         | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |
| 10.   | OFFICERS AND DIR  |  |              |                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>PHAN, DAVID<br>790 PASADENA AVE SOUTH<br>PASADENA, FL 33707 |  | DO NOT WRITE |                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |              |                                |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP   |   |  |              |                                |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |              | IN '                           | THIS SPACE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |              |                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |              |                                |  |  |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Floride 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 cath; 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. |   |  |              |                                |  |  |  |

-David Phan

SIGNING OFFICER OR DIRECTOR

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