

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000107090		
1. Entity Name FLORENTINE JEWELRY, INC.		
Principal Place of Business 1024 HIGHWAY A1A #116 SATELLITE BEACH, FL 32937	Mailing Address C/O TAYLORS 3150 N. WICKHAM ROAD #3 MELBOURNE, FL 32935	



05222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

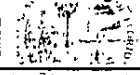
4. FEI Number 59-3754351	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
TAYLOR, RICHARD E 3150 N. WICKHAM ROAD SUITE 3 MELBOURNE, FL 32935	

**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  **000000566821**
06/02/06-80005-021 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	PTD ARMANNO, NUNZIO L 2616 LOWELL CIR. MELBOURNE, FL 32935
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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 all other like empowered.

SIGNATURE:  **PRESIDENT** **5/22/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #