2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046291

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PARKLAND, FL 33067

WILLIAMS, CARINTHIA

PARKLAND, FL 33067

() Delete

8851 HOLMBERG ROAD, APT. 722

Entity Name: NADIA WILLIAMS JEWELRY & DESIGN, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5851 HOLMBERG ROAD APT. #722 PARKLAND, FL 33067				5851 HOLMBERG ROAD APT. #2823 PARKLAND, FL 33067			
Current Mailing Address:				New Mailing Address:			
5851 HOLMBERG ROAD APT. #722 PARKLAND, FL 33067				5851 HOLMBERG ROAD APT. #2823 PARKLAND, FL 33067			
FEI Number:	: 04-3656577	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WAĆHOV 200 S BIS0	LON A ESQ. IA FINANCIAL CAYNE BLVD 33131 US						
	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	office or registered agent, or b	ooth,
SIGNATU	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	WILLIAMS, NA	ERG ROAD,APT#722		Title: Name: Address: City-St-Zip:	WILLIAMS, N	ERG ROAD,APT#2823	
Title: Name: Address: City-St-Zip:	WILLIAMS, CA	ERG ROAD,APT.722		Title: Name: Address: City-St-Zip:	WILLIAMS, C	ERG ROAD,APT.2823	
Title: Name: Address:	WILLIAMS, NA) Delete ADIA ERG ROAD, APT, 722		Title: Name: Address:	WILLIAMS, N	(X) Change () Addition IADIA IERG ROAD, APT, 2823	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PARKLAND, FL 33067

WILLIAMS, CARINTHIA

PARKLAND, FL 33067

8851 HOLMBERG ROAD, APT. 2823

(X) Change () Addition

SIGNATURE: NADIA WILLIAMS MS 04/30/2006