

04/28/2006 09:25 3054427478

RSM MCGLADRIE

5/8

FILED
Jul 19, 2006 8:00 am
Secretary of State

05-08-2006 90278 008 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000091339

1. Entity Name
MARTHA'S JEWELRY CREATIONS, INC.



Principal Place of Business
**13069 NW 9TH TERRACE
MIAMI, FL 33182**

Mailing Address
**13069 NW 9TH TERRACE
MIAMI, FL 33182**

66041971



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2078327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALVO, MARTHA
13069 N.W. 9TH TERRACE
MIAMI, FL 33182**

**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 *Martha Calvo*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when replacing)

DATE

7/6/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**D
CALVO, MARTHA
13069 N.W. 9TH TERR
MIAMI, FL 33182**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Martha Calvo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

7/15/06 (786) 486 2642