2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 19, 2007 08:00 A Secretary of State DOCUMENT # P02000098457 1. Entity Namo **HEART & SOUL JEWELRY, INC.** Principal Place of Business Mailing Address 411 ESPANOLA WAY 411 ESPANOLA WAY MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 06-1649286 Not Applicable Zip Country Zip Country: \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DINARI, HARRIET 411 ESPANOLA WAY Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 City Zip Code 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition DINARI, HARRIET Unnonnesacen NAME NAME. 400 S POINTE DR, # 1802 02/29/07-80030-016 150.00 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CHY-ST-ZIP CHY-ST-ZIP IIILE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP TITLE Delete THU: Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CIJY-SI-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Statutos; 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: WALLET DINARI 1/29/07 305-532-2775