2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _________

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FILED Mar 27, 2006 08:00 AM

03.15.06

			· · · · · · · · · · · · · · · · · · ·	7	Secretary of	ı State
1. Entity Nar	MENT # P02000108 JEWELRY, INC	276			0	
Principal Plan	ce of Business EET	Mailing Address 1 NE 1 STREET				
STE, 11 MIAMI, FL 3	33132 US	STE. 11 MIAMI, FL 33132 US		1 1000 1886	H BEKKE HUMI BEKK BONG BOKEL HUGIS BOKAL HE	NB 31811 (1951 B 11198) 53 (88)
	O NOT WRITE	CE	03052006		34 (11/05) Applied For	
				81-057	73323	Not Applicable 88.75 Additional ee Required
	6. Name and Address of Current R	egistered Agent	J	1		-ee Required
	IANOV, MIKHAIL		DO	NOT WRITE		
1 NE 1 STREET STE 11 MIAMI, FL 33132			IN THIS SPACE			
8. The above	named entity submits this statement for	he Dumpse of changing its registe	red office or registe	red arest or he	ith to the State of Florida amits	amiliar with and accord
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 agon; and title if epitionists: (NOTE Registered Agent signature required when tensioning) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND D	RECTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABADZHANOV, MIKHAIL 1 NE 1 STREET #11 MIAMI, FL 33132	÷				
Dite	WINNIN, FL 33132		-			
NAME]		U00000481574	
STREET ADDRESS CITY-ST-ZIP			1		U00000481574 04/11/06-80039-	002 150.00
NAME			ĺ			
STREET ADDRESS CITY+ST-71P			ł	DO	NOT WRITE	
MITTE			•	IN 1	THIS SPACE	
name Street address			1	11.4	IIIO OI AOL	
CITY-ST-ZIP			1			
TITLE NAME			J			
STREET AUDRESS						
CITY-ST-ZIP	l		-			
NAME			1			
Street adoress City-St-Zip						
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 cath, that I am an officer or director of the corporation or the receiver or trusted 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, this all other like empowered.						
changed,	or on an attachment with an address of	all other like empowered.				
SIGNATURE: 03.15.06						

TED NAME OF SIGNING OFFICER OR DIRECTOR