2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2008 8:00 am Secretary of State **DOCUMENT # P02000110090** 1. Entity Name 04-22-2008 90023 040 ***150 00 S&A ESTATE JEWELERS, INC. Principal Place of Business Mailing Address 3302 NE 33 ST 3302 NE 33 ST FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 30-0132808 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARABATZIS, ALEXANDRA Street Address (P.O. Box Number is Not Acceptable) 3302 NE 33 ST FT LAUDERDALE, FL 33308 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution Added to Fe 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PVD TITLE ☐ Change ☐ Addition Delete ARABATZIS, SPIROS NAME NAME STREET ADDRESS 3302 NE 33 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP ARABATZIS, ALEXANDRA Change Addi 3302 NE 335T FT. LAUDERNALD, FL 33308 Delete TITLE TITLE ARABATZIS, ALEXANDRA NAME NAME 3302 NE 33 ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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. lul SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED