

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007562

FILED
Jan 06, 2009
Secretary of State

Entity Name: DANIALLI FOR JEWEL BOX, INC.

Current Principal Place of Business:

701 BRICKELL KEY BLVD
1812
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL KEY BLVD
1812
MIAMI, FL 33131

New Mailing Address:

FEI Number: 11-3673365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

REY, ALEXA
701 BRICKELL KEY BLVD #1812
MIAMI, FL 33131 US

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.

SIGNATURE: MARLENE ALATRISTE 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ALATRISTE, MARLENE
Address: 701 BRICKELL KEY BLVD #1812
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MARLENE ALATRISTE,
Address: 701 BRICKELL KEY BLVD #1812
City-St-Zip: MIAMI, FL 33131

Title: VP () Change (X) Addition
Name: MARLENE ALATRISTE,
Address: 701 BRICKELL KEY BLVD #1812
City-St-Zip: MIAMI, FL 33131

Title: SEC () Change (X) Addition
Name: MARLENE ALATRISTE,
Address: 701 BRICKELL KEY BLVD #1812
City-St-Zip: MIAMI, FL 33131

Title: DIR () Change (X) Addition
Name: MARLENE ALATRISTE,
Address: 701 BRICKELL KEY BLVD #1812
City-St-Zip: MIAMI, FL 33131

Title: TRE () Change (X) Addition
Name: MARLENE ALATRISTE,
Address: 701 BRICKELL KEY BLVD #1812
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARLENE ALATRISTE PRES 01/06/2009
Electronic Signature of Signing Officer or Director Date