. 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038497

1. Entity Name BIAGIO MAZZEO JEWELER, INC.



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

1111 CRANDON BLVD

SUITE # A-508

KEY BISCAYNE, FL 33149

Mailing Address

1111 CRANDON BLVD. Suite # A-508

KEY BISCAYNE, FL 33149 US



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 80-0064136 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MAZZEO, BIAGIO 1111 CRANDON BLVD. SUITE # A-508 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

	we named entity submits this statement for the purpose of chang gations of registered agent.	ging its registered office or registered agent, or both	th, in the State of Florida.	I am familiar with, and a	accept
SIGNATUF	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 After May 1, 2006 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PSTD TITLE NAME MAZZEO, BIAGIO STREET ADDRESS 1111 CRANDON BLVD. SUITE A-508 CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

01/18/06-80008-015 150.00

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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTEN NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Daytime Phone #