


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 015 ***150.00

DOCUMENT # P03000050632

1. Entity Name
 LISANDRA'S JEWELRY OF MIAMI, INC.



Principal Place of Business Mailing Address
 8567 CORAL WAY BOX 231 8567 CORAL WAY BOX 231
 MIAMI, FL 33155-2335 MIAMI, FL 33155-2335

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 5623 SW 8 ST 5623 SW 8 ST

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI FL MIAMI FL

Zip Country Zip Country
 33134 2101 MIAMI DADE 33134 2101 MIAMI DADE

40050100



01112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 65-1185900 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERGEL, YUDELMIS
 8567 CORAL WAY BOX 231
 MIAMI, FL 33155-2335

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 5623 SW 8 ST
 City MIAMI FL Zip Code 33134

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]* DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GARABOA, ARIEL M	
STREET ADDRESS	135 NW 40 CT FROM	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	P	<input type="checkbox"/> Delete
NAME	VERGEL, YUDELMIS	
STREET ADDRESS	135 NW 40 CT FROM	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 reports 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: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR