2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # P03000091505** 1. Entity Name **DEKA JEWELRY CORPORATION** Principal Place of Business Mailing Address 2201 WEST OKEECHOBEE ROAD 1665 WEST 42ND STREET HIALEAH, FL 33010 HIALEAH, FL 33012 03142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0166496 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DIAZ, OSVALD J 7951 SW 40TH STREET, SUITE 206 MIAMI, FL 33155 IN THIS SPACE 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FERNANDEZ, RISSETTE NAME STREET ADDRESS 1665 WEST 42ND STREET CITY-ST-ZIP HIALEAH, FL 33012 SD TITLE **% 1000000860762** FERNANDEZ, RISSETTE NAME 047<u>02708580075</u>-020 150.00 STREET ADDRESS 1665 WEST 42ND STREET CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR