
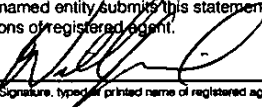
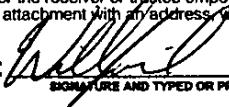


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 019 ***150.00

DOCUMENT # P03000101400					
1. Entity Name EMILY'S JEWELRY, INC.					
Principal Place of Business 10090 NW 27 AVE MIAMI, FL 33147			Mailing Address 10090 NW 27 AVE MIAMI, FL 33147		
2. Principal Place of Business 14451 MIRAMAR PKWY.		3. Mailing Address 14451 MIRAMAR PKWY.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR FLORIDA		City & State MIRAMAR FLORIDA		4. FEI Number 55-0847962	
Zip 33027		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL, STEPHEN S 7411 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name: WILLIAM ESQUIVEL Street Address (P.O. Box Number is Not Acceptable) 14451 MIRAMAR PARKWAY City: MIRAMAR 1 FL Zip Code: 33027		
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:  WILLIAM ESQUIVEL <i>Emily's Jew. Pks. 2/15/06.</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTN ESQUIVEL, WILLIAM 10090 NW 27 AVE 14451 MIRAMAR PARKWAY MIAMI, FL 33147 MIRAMAR FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ESQUIVEL, RAFAEL 14451 MIRAMAR PARKWAY MIRAMAR FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  WILLIAM ESQUIVEL <i>Pks. Emily's Jew 2/15/06 954 392-1026</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: Daytime Phone #					