2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105663

1. Entity Name ISLAND JEWELRY ENTERPRISES, INC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

12550 SW 7TH PLACE DAVIE, FL 33325

Mailing Address

12550 SW 7TH PLACE DAVIE, FL 33325



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04282006 No Chg-P		CR2E034 (11/05)		
4. FEI Number			Applied For	
20-0284895			Not Applicable	
5. Certificate of Status Desired			\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOSEPH K NOFIL PA 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Cate

Daytime Phone #

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	fapplicable. (NQTE.Registered	Agent signature	required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Finan Trust Fund Contribution.			ing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KHAN, FAHIMUDDIN 12550 SW 7TH PLACE DAVIE, FL 33325				000000545468 05/11/06-80079-008 150.0		
TITLE NAME STREET ADDRESS COTY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE HAME STREET ADDRESS CITY-SI-ZIP							
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 hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							