


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90001 037 \*\*\*150.00

<b>DOCUMENT # P03000130400</b>	
1. Entity Name <b>DISCOUNT JEWELRY INC.</b>	

Principal Place of Business <b>15 LAREDO PLACE DAVIE, FL 33324</b>	Mailing Address <b>15 LAREDO PLACE DAVIE, FL 33324</b>
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**50026414**



2. Principal Place of Business <b>16236 SW 14 STREET</b>	3. Mailing Address <b>16236 SW 14 STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08142006 Chg-P CR2E034 (11/05)

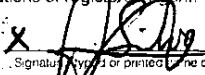
City & State <b>PEMBROKE PINES FL</b>	City & State <b>PEMBROKE PINES FL</b>
Zip <b>33027</b>	Country <b>BROWARD</b>
Zip <b>33027</b>	Country <b>BROWARD</b>

4. FEI Number <b>51-0488813</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SILVA, DONNA L 15 LAREDO PLACE DAVIE, FL 33324</b>	
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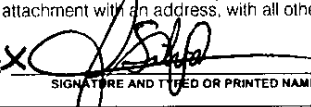
7. Name and Address of New Registered Agent Name <b>SILVA, DONNA L</b> Street Address (P.O. Box Number is Not Acceptable) <b>16236 SW 14 STREET</b> City <b>PEMBROKE PINES</b> FL Zip Code <b>33027</b>	
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8. The above named entity submits this statement 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 <b>X</b> 	DATE <b>8/21/06</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SILVA, DONNA L 15 LAREDO PLACE DAVIE, FL 33324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SILVA, DONNA L 16236 SW 14 STREET PEMBROKE PINES FL 33027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 <b>X</b> 	DATE <b>8/21/06</b> (954) 321-5536