


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 023 ***150.00

DOCUMENT # P04000002742	
1. Entity Name ADAMS FINÉ JEWELRY, INC.	

Principal Place of Business 14802 N DALE MABRY TAMPA FL 33618	Mailing Address 14802 N DALE MABRY TAMPA FL 33618
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-0561190				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPSTEIN, ADAM 15034 DEER MEADOW DRIVE LUTZ FL 33559			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when remaining)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EPSTEIN, ADAM 15034 DEER MEADOW DRIVE LUTZ FL 33559 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4-1-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Divisions of Corporations
Annual Report Section
PO Box 6850
Tallahassee Fl. 32314

ATTACHMENT

40111878

P04000002772

15 July 2008

Gentlemen;

We released an administration employee on April 20th 2008. for poor proformance.

We just received a notice from you, he didn't mail the Annual Report and check we made out earlier. Going through his desk we found The Annual Report with 4 other pieces of mail that were not mailed.

Please accept the Report now and excuse us from any penalties.

Sincerely

Adam Epstein
President