

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000007535

1. Entity Name  
 EPEL'S JEWELRY 2, INC.



Principal Place of Business  
 801 HIALEAH DR  
 HIALEAH, FL 33010-5538

Mailing Address  
 801 HIALEAH DR  
 HIALEAH, FL 33010-5538



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-0692092

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

EPELBAUM, JACOBO  
 801 HIALEAH DR  
 HIALEAH, FL 33010-5538

**DO NOT WRITE  
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ \$5.00 May Be  
 Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
 NAME EPELBAUM, JACOBO  
 STREET ADDRESS 801 HIALEAH DR  
 CITY-ST-ZIP HIALEAH, FL 330105538

TITLE D  
 NAME EPELBAUM, RAQUEL  
 STREET ADDRESS 801 HIALEAH DR  
 CITY-ST-ZIP HIALEAH, FL 330105538

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 CITY-ST-ZIP

U00000626762  
 02/15/07-80035-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-2007 3053242168