## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P04000030969 V & N FINE JEWELRY AND ACCESSORIES, INC.

**FILED** Jan 25, 2006 08:00 AM Secretary of State

Principal Place of Business % RIS, 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131

Malling Address % RIS, 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMIL FL 33131



DO NOT WRITE IN THIS SPACE

4. FEI Number	{ Applied For
20-0774550	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI % RJS, 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI, FL 33131

DO	NOT	WRITE
IN	THIS	SPACE

the obligat	tions of registered agent.	ent for the purp	cose of changing its regist	ered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registeroo	I egent and tide it app	olicable (NOTE, Registe	erutsingle triagA bere	required when reinstailing)	DATE		
	E NOW!!! FEE IS \$150,00 ay 1, 2008 Fee will be \$5	<b>u</b> ,	Election Campaign Fin Trust Fund Contribution		\$5.00 May 8e Added to Fees			
10.	OFFICERS	AND DIRECTO	PRS	_1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT VIDAL, LUIS A % RJS, 201 S BISCAYNE B MIAMI, FL 33131	LVD				U00000400827 02/02/06-80019-015 150.00		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	DP NUNEZ DE VIDAL, MARIA / % RJS, 201 S BISCAYNE B MIAMI, FL 33131							
TITLE NAME STREET ADDRESS CHY-ST-ZIP	OVPS NUNEZ, ANTONIO E % RJS, 201 S BISCAYNE B MIAMI, FL 33131	LVD			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby	certify that the information supplier on this report or supplemental rea	d with this filing port is true and	does not qualify for the e	exemptions con	stained in Chapter 119 re the same legal effec	). Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or director		

תושיבשם שה mis report or supplemental report is true and accurate and natify signature shall have the same legal effect as א made under dath; that it am an diffect of director of the copporation 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:

MARIA A. NUNCZ de Vidal ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR