2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000073174 RGM JEWELRY, INC. Principal Place of Business Mailing Address 14 N.E. 1 AVE. #909-B 14 N.E. 1 AVE, #909-B MIAMI, FL 33132 MIAMI, FL 33132 04022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2051385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRANS GLOBAL LEGAL SERVICES DO NOT WRITE 175 FONTAINEBLEAU BLVD., STE. 2G-8 MIAMI, FL 33172 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 2 or printed name at registered agent and title if appli (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS П TITLE YOO, YOON S MARKE STREET ADDRESS 6984 SW 39TH ST #101 CITY-ST-ZIP FORT LAUDERDALE, FL 33314 U00000538940 TITLE 05/09/06-80079-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

STREET ADDRESS CITY-ST-ZIP

ND TYPED GRPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davame Phone #