


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90043 020 \*\*\*150.00

|   |                                 |  |  |  |                                   |
|---|---------------------------------|--|--|--|-----------------------------------|
| DOCUMENT # P04000074873   |                                 |  |  |         |                                   |
| 1. Entity Name<br>CLAUDY'S JEWELRY CORP.  |                                 |  |  |  |                                   |
| Principal Place of Business<br>11401 NW 12 ST #454 BOOTH 18-19<br>MIAMI, FL 33172   |                                 |  | Mailing Address<br>11401 NW 12 ST #454 BOOTH 18-19<br>MIAMI, FL 33172                    |  |                                   |
| 2. Principal Place of Business  |                                 |  | 3. Mailing Address   |  |                                   |
| Suite, Apt. #, etc.   |                                 |  | Suite, Apt. #, etc.  |  |                                   |
| City & State  |                                 |  | City & State   |  |                                   |
| Zip   | Country                         | Zip  | Country  | 4. FEI Number<br><i>13-4280180</i>   |                                   |
|   |                                 |  |  | Applied For<br>Not Applicable  |                                   |
|   |                                 |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                                 |  | 7. Name and Address of New Registered Agent  |  |                                   |
| CASTILLO, DOLORES<br>12687 NW 11 LN<br>MIAMI, FL 33182  |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 reinstating) DATE _____   |                                 |  |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |                                   |
| 10. OFFICERS AND DIRECTORS  |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |  |                                   |
| TITLE   | DPS                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | FARINAS, FERNANDO E             |  | NAME   |  |                                   |
| STREET ADDRESS  | 4255 SW 4 ST                    |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33126                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   | DVT                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CASTILLO, DOLORES               |  | NAME   |  |                                   |
| STREET ADDRESS  | 12687 SW 12 ST #454 BOOTH 18-19 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33172                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                 |  | NAME   |  |                                   |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                 |  | NAME   |  |                                   |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                 |  | NAME   |  |                                   |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                 |  | NAME   |  |                                   |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  |  |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>   |                                 |  | Date: <i>3/11/05</i>   |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 |  | Daytime Phone #  |  |                                   |

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4. FEI Number *13-4280180* Applied For Not Applicable

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

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

| 10. OFFICERS AND DIRECTORS |                                 |                                 |
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| STREET ADDRESS             | 4255 SW 4 ST                    |                                 |
| CITY-ST-ZIP                | MIAMI, FL 33126                 |                                 |
| TITLE                      | DVT                             | <input type="checkbox"/> Delete |
| NAME                       | CASTILLO, DOLORES               |                                 |
| STREET ADDRESS             | 12687 SW 12 ST #454 BOOTH 18-19 |                                 |
| CITY-ST-ZIP                | MIAMI, FL 33172                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> Delete |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> Delete |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |
| TITLE                      |                                 | <input type="checkbox"/> Delete |
| NAME                       |                                 |                                 |
| STREET ADDRESS             |                                 |                                 |
| CITY-ST-ZIP                |                                 |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* Date: *3/11/05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #