2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P04000089727 1. Entity Name SHERRY'S ESTATE JEWELRY, INC. Principal Place of Business Mailing Address 22596 CARAVELLE CIRCLE BOCA RATON FL 33433 22596 CARAVELLE CIRCLE **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 27-0093571 Not Applicat Z)p Country Ζιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUTSON, SHERRY Street Address (P.O. Box Number is Not Acceptable) 22596 CARAVELLE CIRCLE BOCA RATON FL 33433 City Zip Code ntity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access 8. The above named the obligations of re lered agent SIGNATUR nd alle il applicabie INOTE. Registored Agent signature required when repostability FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Change ☐ A···· RTLE ☐ Detote DILE NAME HUTSON, SHERRY NAME STREET ADDRESS STREET ADDRESS 22596 CARAVELLE CIRCLE U000004855 82/07/06-80044-008 150.00 CITY-ST-ZIP BOCA RATON FL 33433 CITY-ST-ZIP ME Delete TITLE ☐ Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-DP mu Delete MLE ☐ Change NAME NAME STREE CADORUSS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delcte TITLE HILE Change ETAE: NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Delete TITLE THLE ☐ Change NAME MANGE STREET ADDRESS STREET ADDRESS CITY-ST-ZXP CITY-ST-ZIP BILE D Oelete THEE Change $\square \otimes$ 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 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 directly 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 of changed, or on an attachment with an address with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED