FILED 2007 FOR PROFIT CORPORATION Feb 20, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P04000120648 02-20-2007 90040 037 ***150.00 1. Entity Name ELENA'S FINE JEWELRY INC. Principal Place of Business Mailing Address 40020290 36 NE 1ST STREET 36 NE 1ST STREET SUITE 152 **SUITE 152** MIAMI, FL 33132-2487 MIAMI, FL 33132-2487 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1717325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUYENOVA, YELENA DO NOT WRITE 36 NE 1ST STREET **SUITE 152** IN THIS SPACE MIAMI, FL 33132-2487 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 diapplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS KUYENOVA, YELENA NAME STREET ADDRESS 36 NE 1ST STREET #152 CITY-ST-ZIP MIAMI, FL 331322487 TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/16/07

Daytime Phone #