


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90082 033 \*\*\*150.00

**DOCUMENT # P0500000670**

1. Entity Name  
 OH-MEGA JEWELRY, INC.



Principal Place of Business  
 234 SW 19TH STREET  
 FT LAUDERDALE, FL 33315

Mailing Address  
 234 SW 19TH STREET  
 FT LAUDERDALE, FL 33315

2. Principal Place of Business  
*same as above*

3. Mailing Address  
*same as above*

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

EDEWAARD, LEAH  
 234 SW 19TH STREET  
 FT LAUDERDALE, FL 33315

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]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDEWAARD, LEAH 234 SW 19TH STREET FT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40055007



04172006 Chg-P CR2E034 (11/05)

4. FEI Number  
 27-0112367

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

4/17/06  
 DATE

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

SIGNATURE: *[Signature]* 4/17/06 954-524-3509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #