


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2006 8:00 am**  
**Secretary of State**

07-20-2006 90001 041 \*\*\*158.75

<b>DOCUMENT # P05000004880</b>	
1. Entity Name <b>DIVA JEWELRY &amp; ACCESSORIES, INC.</b>	

Principal Place of Business <b>8704 CASTAWAY COVE CT. ST. AUGUSTINE, FL 32092</b>	Mailing Address <b>54 BLUERASS AVENUE MIDDLEBURG, FL 32068</b>
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**40100210**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>8704 CASTAWAY COVE CT.</b> Suite, Apt. #, etc.
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07142006 Chg-P CR2E034 (11/05)

City & State <b>ST. Augustine FL</b>	4. FEI Number <b>20-2132796</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32092</b>	Country <b>ST. Johns</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>WILLIS, STORMI L 54 BLUEGRASS AVENUE MIDDLEBURG, FL 32068</b>	
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7. Name and Address of New Registered Agent Name <b>Patricia LaBrie</b> Street Address (P.O. Box Number is Not Acceptable) <b>8704 Castaway Cove CT.</b> City <b>ST. Augustine</b> FL Zip Code <b>32092</b>	
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  <b>PATRICIA LABRIE, President</b> DATE <b>07/15/06</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABRIE, TRISHA 8704 CASTAWAY COVE CT. ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABRIE, TRISHA 8704 CASTAWAY COVE CT. ST. AUGUSTINE, FL 32092 <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:**  **PATRICIA LABRIE, President** DATE **07/15/06** DAYTIME PHONE # **904.806-0733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR