## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000012026

FILED Sep 05, 2006 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SOUTH AMERICAN JEWELERS, INC.

Current Principal Place of B	usiness:	New Bringing Diego		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
2655 LE JEUNE ROAD SUITE 804				
CORAL GABLES, FL 33134	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
2655 LE JEUNE ROAD				
SUITE 804 CORAL GABLES, FL 33134	US			
FEI Number: FEI	Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
MCNALLY, JAMES J ESQ. 2655 LEJEUNE ROAD SUITE 804 CORAL GABLES, FL 33134 l	US			
The above named entity subm in the State of Florida.	its this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
In accordance with s. 607.193(2)(b)		ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution(). OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P/D ( ) Delete Name: ACOSTA, TONY Address: 1040 AVENUE OF TH City-St-Zip: NEW YORK, NY 100	E AMERICAS SUITE 1700	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: VP/D () Delete Name: CRISTOBAL, SANTIAG Address: 1040 AVENUE OF TH City-St-Zip: NEW YORK, NY 100	GO E AMERICAS SUITE 1700	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY ACOSTA P/D 09/05/2006