

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 042 ***150.00

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| DOCUMENT # P05000023617 |  |
| 1. Entity Name CRYSTAL JEWELRY CORPORATION | |

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| Principal Place of Business 3440 G FOWLER STREET FT. MYERS, FL 33901 | Mailing Address 3440 G FOWLER STREET FT. MYERS, FL 33901 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40117000



03062007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-2350746 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LUGO, YOSELYN 406 SE 15 TERRACE CAPE CORAL, FL 33990 | 7. Name and Address of New Registered Agent Name LUGO, YOSELYN. Street Address (P.O. Box Number is Not Acceptable) 803 SW 3 Ave. City CAPE CORAL FL Zip Code 33991 |
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| 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 <i>Yoselyn Lugo</i> Joseph Lugo. DATE 03/06/07. |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUGO, YOSELYN 406 SE 15 TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 803 SW 3 Ave. CAPE CORAL FL 33991. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ENCARNACION, CRISTIAN 406 SE 15 TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 803 SW 3 Ave. CAPE CORAL FL 33991. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Yoselyn Lugo</i> YOSELYN LUGO DATE 03/06/07 (239) 299-3716 |
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