

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-08-2006 90169 047 ***150.00

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DOCUMENT # P05000030175 1. Entity Name JOVANA'S JEWELRY INC.					
Principal Place of Business 11401 NW 12 ST/454#21 MIAMI FL 33172			Mailing Address 11401 NW 12 ST/454#21 MIAMI FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number: 52-2454682 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALARCON, LUIS 902 NW 133 CT MIAMI FL 33182			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable			DATE: 02-14-06 (NOTE: Registered Agent signature required when re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALARCON, LUIS		NAME		
STREET ADDRESS	902 NW 133 CT		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33182		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALARCON, LUIS		NAME		
STREET ADDRESS	902 NW 133 CTT/454#21		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33182		CITY- ST- ZIP		
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALARCON, NATIVIDAD		NAME		
STREET ADDRESS	902 NW 133 CT		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33182		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 02-14-06 Daytime Phone #		