2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2006 8:00 am Secretary of State DOCUMENT # P05000055376 03-02-2006 90009 018 ***150.00 1. Entity Name C.G. JEWELRY CORP. Principal Place of Business Mailing Address 5800 HOLLYWOOD BLVD BOOTH 6198 5800 HOLLYWOOD BLVD BOOTH 6198 HOLLYWOOD, FL 33021 HOLLYWOOD, FL. 33021 2. Principal Place of Business 3. Mailing Address 6516 HOLLYWOOD BLUD 6516 HOLLYWOOD BLUN Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 CR2E034 (11/05) PEMBROKE PEMBROK City & State Applied For City & State 4. EEI Number 20-2638115 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33024 33024 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, CRISTIAN Street Address (P.O. Box Number is Not Acceptable) 6516 Holly wood BL 5800 HOLLYWOOD BLVD BOOTH 6198 HOLLYWOOD, FL 33021 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 nature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Defete TITLE 775 NE-144th st NAME GARCIA, CRISTIAN NAME STREET ADDRESS STREET ADDRESS 5800 HOLLYWOOD BLVD BOOTH 6198 CITY-ST-ZIP FL. 33161 HOLLYWOOD, FL 33021 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE MERCADO, ELBA A NAME NAME STREET ADDRESS STREET ADDRESS 5800 HOLLYWOOD BLVD BOOTH 6198 CITY-ST-ZIP 33161 CITY-ST-7IP HOLLYWOOD, FL 33021 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 1 1 2 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

G OFFICER OR DIRECTOR

FILED

Daytime Phone #