2006 FOR PROFIT CORPORATION

Aug 11, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000071544** 08-11-2006 90002 008 ***150.00 TAPOSI JEWELRY, INC. Mailing Address Principal Place of Business 50025043 3170 NW 94 TERRACE 3170 NW 94 TERRACE SUNRISE, FL 33351 US SUNRISE, FL 33351 2. Principal Place of Business 3. Mailing Address 001 NW 42 Avenue <u>,01 NW 42 Avenue</u> Suite, Apt. #, etc 07032006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State Not Applicable Country Drouge Country \$8.75 Additional 5. Certificate of Status Desired mula Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DHAR, BANANI Address (P.O. Box Number 3170 NW 94TH TERRACE SUNRISE, FL 33351 8. The above pamed 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 the obligations of regis tered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. .. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE Change TITLE BENJAMIN, RAMONA NAME NAME 601 NW 42 AVENUE - 507 Plantation F1. 22217 3170 NW 94TH TERRACE STREET ADDRESS STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP antation, FI. 33317 CITY-ST-ZIP Change ☐ Addition TITLE TITLE 🗅 Delete DHAR, BANANI NAME NAME 3170 NW 94TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

CITY-ST-ZIP

FILED