

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90016 007 ***150.00

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| DOCUMENT # P05000088461 | | | | | |
| 1. Entity Name PRINCESS JEWELRY & ACCESSORIES CORP | | | | | |
| Principal Place of Business 4006 NW 167 STREET MIAMI, FL 33054 | | | Mailing Address 4006 NW 167 STREET MIAMI, FL 33054 | | |
| 2. Principal Place of Business 15701 NW 41 Ave. | | 3. Mailing Address 15701 NW 41 Ave. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami FL | | City & State Miami FL | | 4. FEI Number X 20-3023846 | |
| Zip 33054 | | Country | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01262006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent TOLEDO, ONEYDA H 4006 NW 167 STREET MIAMI, FL 33054 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15701 NW 41 Ave. City Miami FL Zip Code 33054 | | |
| 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> DATE: 1/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOLEDO, ONEYDA H 4006 NW 167 STREET MIAMI, FL 33054 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Toledo, ONEYDA 15701 NW 41 Ave. Miami FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1/26/06 786-223-2000 <small>Date Daytime Phone #</small> | | |