2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000103417

PRETTY JEWELS INC.

FILED Apr 25, 2007 08:00 AM Secretary of State

Principal Place of Business

927 NORTHEAST 199TH STREET

SUITE 106

NORTH MIAMI BEACH, FL 33179

Mailing Address

927 NORTHEAST 199TH STREET

SUITE 106

NORTH MIAMI BEACH, FL 33179



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	1401	AAIZII		JIACL

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2052984 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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 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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when relinatating) DATE						
FILE NOWIII FEE 19 \$150.00	9. Election Campaign Financing	\$5.00 May Be	<u>- +-</u>			

After May 1, 2007 Fee will be \$550.00

Trust Fund Contribution.

Added to Fees

OFFICERS AND DIRECTORS 10. PSTD TITLE TROWSDALE, REINA NAME STREET ADDRESS 927 NORTHEAST 199TH STREET SUITE 106 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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DO NOT WRITE

IN THIS SPACE

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:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CDY-ST-7IP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR