

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State 02-17-2006 90078 004 ***150.00

1. Entity Narr	MENT # P05000 JEWELERS INC)14369	6				02-17-20	06 9007	8 004 **	**15 0.00
Principal Plac	e of Business	М	Mailing Address				ეიციაია			
36 NE 1 STR			36 NE 1 STREET					•		
704	_	7	704							
MIAMI, FL 3	3132 US	N	11AM1, FL 33132 L	JS			li delel ann ests estit es	NEI STE JIEGO II	#19 ##19 ##10 #1	MATE II 1637
2. Principal P	2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	Suite, Apt, #, etc.		Suite, Apt. #, etc.			01302006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Numb	°2037	37//	- Ar	oplied For
Zip	Zip : Country		Zip		dn.		2031			ot Applicable
1 2.00	i Country		ZIP	Coun		5. Certificati	of Status Desired		\$8.75 Ado Fee Require	
	6. Name and Address of C	urrent Regis	stered Agent	<u> </u>	1	7. Name an	d Address of New I			
					Name					
	PRIETO, DAVEL 36 NE 1 STREET				Street Add	dress (P.O. Box Numi	ner is Not Accentable	(4)		
704										
MIAMI, FL	MIAMI, FL 33132									
					City	Zíp Code				
A The shove	named entity submits this state	ment for the r	mirrose of changing at	rocustor.	ed office or "	enistered namel or h	one in the Crate of E			
the obligat	tions of registered agent.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	purpose or changing its	· registeri		eyistered agent, or bi	Jin, in pre State of Fi	iorioa. I am i	amiliai wiut,	and accept
510447177									•	
SIGNATURE	Signature, typed or graped name of register	red agent and little	# applicable. (NOT	E: Pegalere	o Agent signature	required when remaining)		DATE		
	E NOWILL FEE IS \$150. ay 1, 2006 Fee will be !		9. Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees		•		
10.	OFFICER	S AND DIREC	CTORS	11.		ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			5 IN 11
TITLE	P		☐ Delate	mu					☐ Change	Addition
NAME	PRIETO, DAVEL			NAM	- 1					
STREET ADDRESS	36 NE 1 STREET - #704 MIAMI, FL 33132				ET ADDRESS-					
TITLE	100000,12 00102		☐ Deterte	TITLE			 		□ ch	
NAME			C1 Deeps	NAM					Change	Addition
STREET ADDRESS	ł				ET ADORESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			□ Deleta	TITLE					☐ Change	Addition
NAME				NAM	3-		-			1
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE										
NAME			☐ Detete	TITLE					☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-S1-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME				HAVE	E					
STREET ADDRESS	}			STRE	ET ACORESS					1

12. I hereby carbly that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further carrily 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 mede under path; 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 eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAME

SIGNATURE:

CATY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

KALE

Delete

Change Addition