

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000149561

Entity Name: GIOELIANI JEWELRY , INC

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

21 SE FIRST AVENUE  
6TH FLOOR  
MIAMI, FL 33131 US

## **Current Mailing Address:**

21 SE FIRST AVENUE  
6TH FLOOR  
MIAMI, FL 33131 US

## **New Principal Place of Business:**

169 EAST FLAGLER STREET  
SUITE #1022  
MIAMI, FL 33131 US

## **New Mailing Address:**

169 EAST FLAGLER STREET  
SUITE #1022  
MIAMI, FL 33131 US

FEI Number: 20-4312824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

## **Name and Address of New Registered Agent:**

FELDMAN, PAUL  
407 LINCOLN ROAD  
SUITE #701  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: PAUL FELDMAN

04/18/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELIANI, JACKI  
Address: 21 SE FIRST AVENUE  
City-St-Zip: MIAMI, FL 33131 US

Title: VP ( ) Delete  
Name: ELIANI, OAD  
Address: 21 SE FIRST AVENUE  
City-St-Zip: MIAMI, FL 33131 US

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ELIANI, OHAD  
Address: 169 EAST FLAGLER STREET SUITE #1022  
City-St-Zip: MIAMI, FL 33131 US

Title: VP (X) Change ( ) Addition  
Name: ELIANI, DEBORAH  
Address: 169 EAST FLAGLER STREET SUITE #1022  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OHAD ELIANI

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date