

2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90004-021-\$150.00-\$150.00

DOCUMENT # P06000008361 1. Entity Name S.T. JEWELERS, INC.						FILED 07 SEP 27 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 777 NORTHWEST 72ND AVENUE SUITE 1AAS0/4 MIAMI, FL 33126				Mailing Address 17620 ATLANTIC BOULEVARD UNIT 308 SUNNY ISLES BEACH, FL 33160			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-4154755				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: _____ (NOTE: Registered Agent's signature required when reappointing) DATE: _____							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PSTD RELWANI, TEJBHAN 777 NORTHWEST 72ND AVENUE #1AAS0/4 MIAMI, FL 33126 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="font-size: 2em; font-family: cursive;">\$70/2</div> <input 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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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: <u><i>Dark Relwani</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date 9/07/07						Daytime Phone # 905 319 0868	