

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

05-04-2007 90066 035 ***150.00

DOCUMENT # P06000064427																																																																																																											
1. Entity Name DISCOUNT JEWELRY MFG. INC.																																																																																																											
Principal Place of Business 8177 W GLADES RD STE 15 BOCA RATON FL 33434			Mailing Address 8177 W GLADES RD STE 15 BOCA RATON FL 33434																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State		4. FEI Number: 05-0625838																																																																																																							
Zip		Country		Applied For <input type="checkbox"/> Not Applicable																																																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																								
GOZZI, ARTHUR E 741 BERKELEY ST BOCA RATON FL 33487			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 _____ <small>Signature, typed or printed name of registered agent and office, applicable (NOT) Registered Agent signature required when constituting</small>																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GOZZI, ARTHUR R</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>658 NW 7TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOCA RATON FL 33486</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>GOZZI, CARMEN M</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>658 NW 7TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOCA RATON FL 33486</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GOZZI, ARTHUR R		NAME			STREET ADDRESS	658 NW 7TH AVE		STREET ADDRESS			CITY- ST- ZIP	BOCA RATON FL 33486		CITY- ST- ZIP			NAME	GOZZI, CARMEN M	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	658 NW 7TH AVE		STREET ADDRESS			CITY- ST- ZIP	BOCA RATON FL 33486		CITY- ST- ZIP			NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Carmen M. Gozzi</i>			4/27/07 561-480-5800																																																																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARMEN M. GOZZI			Date Daytime Phone #																																																																																																								
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