

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084049

Entity Name: SI JEWELERS CORPORATION

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

851 S. BISCAYNE RIVER DR
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

851 S. BISCAYNE RIVER DR
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-5069010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATIAS, GLORIA
670 S.E. 3 PL
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, SOLOMON J
Address: 851 S. BISCAYNE RIVER DR
City-St-Zip: MAIMI, FL 33169

Title: VP () Delete
Name: PEREZ, SALOMON A
Address: 851 S. BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33169

Title: SEC () Delete
Name: DERENENCOURT, SALLY
Address: 851 S. BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33169

Title: BK () Delete
Name: MATIAS, GLORIA
Address: 670 S.E. 3 PL
City-St-Zip: HIALEAH, FL 33010

Title: OFFI () Delete
Name: PEREZ, ROMY
Address: 670 S.E. 3 PL
City-St-Zip: HIALEAH, FL 33010

Title: OFFI () Delete
Name: DERENCOURT, BRAHMS
Address: 851 S BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SOLOMON PEREZ

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date