
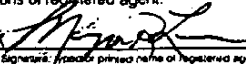



FILED
Jun 05, 2008 8:00 am
Secretary of State

05-02-2008 90182 033 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P06000112721			
1. Entity Name DRAGONFLY JEWELERS INC.			
Principal Place of Business 16797 NW 67 AVE. MIAMI LAKES, FL 33015		Mailing Address 16797 NW 67 AVE. MIAMI LAKES, FL 33015	
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
5. Name and Address of Current Registered Agent CASTILLO, JORGE 1 NE 1ST ST. #6 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name LOUIS MAYRA R. Street Address (P.O. Box Number is Not Acceptable) 16797 NW 67 Ave City Miami FL Zip Code 33015	
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 Signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:  MAYRA R LUIS Pres. 4-20-08		Date Daytime Phone #	