

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143764

FILED
Mar 07, 2007
Secretary of State

Entity Name: INNOVATION DESIGN JEWELERS INC

Current Principal Place of Business:

8405 N HIMES AVE
SUITE 231
TAMPA, FL 33614

New Principal Place of Business:

4102 ANGEL WING CT
LUTZ, FL 33558 US

Current Mailing Address:

4102 ANGEL WING CT
LUTZ, FL 33558

New Mailing Address:

4102 ANGEL WING CT
LUTZ, FL 33558 US

FEI Number: 20-5944521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, FRANCISCO A
3431 SUNRISE VILLA N
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

LEON, MARCO
4102 ANGEL WING CT
LUTZ, FL 33558 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: MARCO LEON

03/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, MERLIN
Address: 4102 ANGEL WING CT
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: LEON, MARCO V
Address: 4102 ANGEL WING CT
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: ARBELAEZ, ADRIANA
Address: 4102 ANGEL WING CT
City-St-Zip: LUTZ, FL 33558

Title: T (X) Delete
Name: CRUZ, FRANCISCO A
Address: 3431 SUNRISE VILLA N
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALDONADO, LUISA A
Address: 4102 ANGEL WING CT
City-St-Zip: LUTZ, FL 33558

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

Title: ST (X) Change () Addition
Name: ARBELAEZ, ADRIANA
Address: 4102 ANGEL WING CT
City-St-Zip: LUTZ, FL 33558 US

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

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: LUISA A MALDONADO

P

03/07/2007

Electronic Signature of Signing Officer or Director

Date