


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90280 021 ***150.00

DOCUMENT # P06000146371 1. Entity Name CREATIVE JEWELRY DESIGNS, INC.					
Principal Place of Business 16700 NE 21 ST APT 22 NORTH MIAMI BEACH, FL 33162				Mailing Address 16700 NE 21 ST APT 22 NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box # 543 SW 3 ST.		3. Mailing Address 543 SW 3 ST.		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-5953669	
Zip 33130		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONILLA, ANGELA M 16700 NE 21 ST APT 22 NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name BONILLA, ANGELA M Street Address (P.O. Box Number is Not Acceptable) 543 SW 3 ST City MIAMI FL Zip Code 33130	
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 <u>Angela M. Bonilla C.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPS SOCORRO GARCIA, FRANKLIN 16700 NE 21 ST APT 22 NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JOSE O. REYES 543 SW 3 ST MIAMI FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BONILLA, ANGELA M 16700 NE 21 ST APT 22 NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ANGELA M. BONILLA 543 SW 3 ST MIAMI FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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>Angela M. Bonilla C.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/23/07</u> Daytime Phone # <u>786-247-1720</u>		