

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000035787

1. Entity Name

NEW ART JEWELRY CORP.



Principal Place of Business

2990 S. FISKE BLVD.
ROCKLEDGE FL 32955

Mailing Address

2040 HIGHWAY A1A
SUITE 201
INDIAN HARBOUR BEACH FL 32937



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3232101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIM, CHARLES E JR.
2040 HIGHWAY A1A
SUITE 201
INDIAN HARBOUR BEACH FL 32937

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ \$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-STATE-ZIP
DPT
LEASER, BRUNO
2040 HIGHWAY A1A, SUITE 201
INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS
HEIM, CHARLES E JR.
2040 HIGHWAY A1A, SUITE 201
INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000727792
05/04/07-80062-017 150.00

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Heim, Jr

Date

Daytime Phone #

4/20/07 (321) 773-9679