## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000044614

1. Entity Name
OTERI'S JEWELRY, INC.



FILED
Mar 02, 2006 08:00 AN
Secretary of State

Principal Place of Business

651 W INDIANTOWN RD SUITE C JUPITER, FL 33458 Mailing Address

651 W INDIANTOWN RD

SUITE C

JUPITER, FL 33458



## DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0419737 Not Applied be

5. Certificate of Status Desired

02272006

\$8.75 Additional Fee Required

CR2E034 (11/05)

OTERI, ANTHONY W

6. Name and Address of Current Registered Agent

651 W INDIANTOWN RD SUITE C JUPITER, FL 33458

## DO NOT WRITE IN THIS SPACE

No Chg-P

| 00 ,  | . 1 00 100   |   |  |   |  |
|---|--|---|--|---|--|
|   | named entity submits this statement for the plans of registered agent.   | ourpose of changing its register  | ed office or r                               | registered agent, or bo   | oth, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE   | Signature, typed or printed name of registered agent and little  | f applicable. (NOTE: Registere  | d Agent signature                            | e required when reinstating)  | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | Election Campaign Finar<br>Trust Fund Contribution.   | ncing  | \$5.00 May Be<br>Added to Fees  |  |
| 10.   | OFFICERS AND DIREC   | TORS  |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>OTERI, ANTHONY W<br>103 E HAMPTON WAY<br>JUPITER, FL 33458  |   |  |   | U00000454071<br>53714706-80046-023 150.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | D<br>OTERI, ELIZABETH D<br>103 E HAMPTON HWY<br>JUPITER, FL 33458  |   |  |   | 03/14/06-80046-023 150.00  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  | DO  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  | IN '  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  |   | A 20 100 100 100 100 100 100 100 100 100   |
| 12. I hereby of indicated of the cor changed                          | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowere<br>, or on an attachment with an address, with a | ling does not quality for the ex-<br>and accurate and that my signa<br>d to execute this report as requi<br>i other like empowered. | emptions con<br>ture shall ha<br>red by Chap | ntained in Chapter 11<br>ve the same legal effe-<br>oter 607, Florida Statute | 9, Florida Statutes, I further certify that the information ct as if made under oath; that I am an officer or director es, and that my name appears in Block 10 or Block 11 if |