


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90002 033 ***150.00

DOCUMENT # P94000039682					
1. Entity Name BURMA JEWELERS, INC.					
Principal Place of Business 169 EAST FLAGLER STREET, #632 MIAMI, FL 33131 US			Mailing Address 169 EAST FLAGLER STREET, #632 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # <i>Burma Jewelers Inc</i>			3. Mailing Address <i>169 East Flagler St</i>		
Suite, Apt. #, etc. <i>Miami FL</i>			Suite, Apt. #, etc. <i>FL 33131</i>		
City & State <i>Miami FL</i>			City & State <i>FL 33131</i>		
Zip <i>33131</i>		Country		Zip <i>33131</i>	
Country		Country		Country	
6. Name and Address of Current Registered Agent HERNANDEZ, ALBERTO O 169 EAST FLAGLER STREET, #632 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, ALBERTO O 169 EAST FLAGLER STREET, #632 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i> 8-18-08 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #					