2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000064005

1. Entity Name
ECHEVERRI JEWELRY, INC.

Principal Place of Business	Mailing Address
152 NE 1 AVE MIAMI, FL 33132	152 NE 1 AVE MIAMI, FL 33132

04212008 No Chg-P CR2EO: 4 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0521776
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREED, SANFORD
19 W FLAGLER ST
SUITE 404
MIAMI, FL 33130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000535046
05/08/06-80038-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECHEVERRI, JUAN C
STREET ADDRESS	152 NE FIRST AVENUE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	S
NAME	ECHEVERRI, DAVID
STREET ADDRESS	152 NE FIRST AVENUE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 a n 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: _____ 04/19/06 (305)377-1982
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #