2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 6

FILED Jan 18, 2007 8:00 am Secretary of State 01-18-2007 90091 029 ***150.00

DOCUMENT # P94000065992 1. Entity Name ELEGANTE JEWELRY, INC.								01-18-2007 90091 029 ***150.00				
Principal Place												
4117 PARKER AVE				Mailing Address 4117 PARKER AVE								
WEST PALM BEACH, FL 33405 WEST PALM					PALM BEACH, FL 33405			,				
									E (AB) BIBII BENI BENI BEN			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt #, etc.				01102007	Chg-P	CR2E034	(12/06)	
City & State				City & State							plied For of Applicable	
Zip	Country			Žip	try	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Co	urrent Regis	tered Agent				7 Name and	Address of New R			d
	o. Name	una Address di di	arrent itegis	tered Agent		Nanie,⊸			Address of New IC	egistered Age		
DIAZ, SYLVIA J							Jarge		er is Not Acceptable	.\		
525 NW 72AVE # 209 MIAMI, FL 33126						Street At	goress (i	Alamond	er is Not Acceptable	e) 		
	33120											
						City	Λ Ι	01	7 1	FL	Zi <u>p</u> Cod	e
The above named entity submits this statement for the purpose of changing its registered							<u>يم لا</u>	st-Palm	Beach		Zip Cod 334	
	ions of regist		near for the p	dipose of changing it	s regisien	ed office of	register	ed agent, or bo	iia, in the state of Fig	, i i i i i i i i i i i i i i i i i i i	ililai Willi.	and accept
0.004.7.1057	hi	alli	10/	Torre	Die	. ¬				1/16/	17	
, SIGNATURE N	Signature, typep	optinted name of register	ec agent and title	rt applicable (NO	TE: Registere	a Agent signati	ure required	when reinstating)		DATE	<u></u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees												
10.		OFFICER	Danid GNA 8	CTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND DI	RECTOR	S IN 11
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NAME STREET ADDRESS	DIAZ, JOF 1455 W. 2				NAM	et address	Jon	e Diaz	nda St. Beach, Fl			
CITY-ST-ZIP		. FL 33010		CITY			1110	- Pol-	Roads Fl	. 33	405	
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NAME					NAM					L. .		
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NAME STREET ADDRESS						et address						
CITY-ST-ZIP						- ST - ZIP						
indicated of the corp	on this reported on the portion or t	rt or supplemental ri he receiver or truste	eport is true a e empowere	iling does not quality that accurate and that doesecute this report other like empowered	my signa t as requi	ture shall h	ave the:	same legal effe	ct as if made under d	path; that I am	an officer	or director