2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028683

1. Entity Name
STARFIRE JEWELRY AND GIFT, INC.

Principal Place of Business	Mailing Address
1910 WELLS RD 1910 WELLS ROAD ORANGE PARK, FL 32073 US	1910 WELLS RD 1910 WELLS ROAD ORANGE PARK, FL 32073 US

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FE Number
59-3309586

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VASWANI, LAXMAN K
5496 WEAVER RD
ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE

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, type or print name, title of reg. agent, officer, if applicable) (MUST be reg. agent, officer or authorized member)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VASWANI, MADIHA M
STREET ADDRESS	5496 WEAVER RD
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	VP
NAME	VASWANI, LAXMAN K
STREET ADDRESS	5496 WEAVER RD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	S
NAME	VASWANI, CHERIN L
STREET ADDRESS	5496 WEAVER RD
CITY-ST-ZIP	ORANGE PARK, FL 32065
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 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: _____ 4-10-2006 (904) 264-3402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #