


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P96000026056 1. Entity Name WOLFGANG JEWELRY REPAIR, INC.	
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Principal Place of Business 1416 S. PARROTT AVE. OKEECHOBEE FL 34974	Mailing Address 1416 S. PARROTT AVE. OKEECHOBEE FL 34974
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent	
CORTEZ, WOLFGANG 1781 NE 50 CT. OKEECHOBEE FL 34972	

4. FEI Number 65-0656213	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete CORTEZ, WOLFGANG STREET ADDRESS: 1781 NE 50 COURT CITY-ST-ZIP: OKEECHOBEE FL 34972
TITLE	VP <input type="checkbox"/> Delete CORTEZ, YOLANDA STREET ADDRESS: 1781 NE 50 COURT CITY-ST-ZIP: OKEECHOBEE FL 34972
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000861919 04/03/08-80028-007 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 Section 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, without other like empowered.

SIGNATURE:  **2/21/08 (863)357-3795**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR