2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2007 08:00 A Secretary of State **DOCUMENT # P97000008451** JEWELS BY ROBERT, INC. Principal Place of Business Mailing Address 1829 WEST TRAFALGA CIR 1829 WEST TRAFALGA CIR HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 US 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0720928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAKNINE, ROBERT DO NOT WRITE 1829 WEST TRAFALGA CIR HOLLYWOOD, FL 33020 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstature) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WAKNINE, ROBERT U00000699527 04/19/07-80046-006 150.00 STREET ADDRESS 1829 WEST TRAFALGA CIR CITY-ST-7IP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALKE STREET ADDRESS CITY-ST-ZIP MILE

12. I hereby certify that the information supplied with this filling 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 path; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF MIGHING OFFICER OR DIRECTOR

4/10/07 (854) 1233

FILED