2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P97000015133** L & E JEWELRY, CORP. Principal Place of Business Mailing Address 11241 SW 40 ST, D-1 11241 SW 40 ST, D-1 MIAMI, FL 33165 MIAMI, FL 33165 04252007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0729602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BETANCOURT, LUCY DO NOT WRITE 11241 SW 40 ST, D-1 MIAMI, FL 33165 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... Signature. typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent aignature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing U000000740975 Trust Fund Contribution. Added to Fees 05/15/07-80010-018 150.00 OFFICERS AND DIRECTORS 10. TITLE BETANCOURT, LUCY NAME STREET ADDRESS 11241 S W 40TH STREET D-1 CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P NAME STREET ADDRESS CITY-ST-ZIP

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 supplier 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP