

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P97000039332

1. Entity Name
GINGO'S JEWELS CORP.



Principal Place of Business
19227 SW 24 ST.
MIRAMAR, FL 33029

Mailing Address
19227 SW 24 ST.
MIRAMAR, FL 33029



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0771583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CEDENO, GEORGE
19227 SW 24 ST.
MIRAMAR, FL 33029

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000759701
05/24/07-80052-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CEDENO, GEORGE
STREET ADDRESS	19227 SW 24 STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	VP
NAME	CEDENO, DOLLY
STREET ADDRESS	19227 SW 24 STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	S
NAME	CEDENO, GEORGE II
STREET ADDRESS	19227 SW 24 STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-07 954 536 3607
Date Daytime Phone #