


FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000015461						Secretary of State			
1. Entity Name BLACKSTONE JEWELRY, CORP.									
Principal Place of Business 18901 SOUTH DIXIE HIGHWAY PERRINE, FL 33157				Mailing Address 18901 SOUTH DIXIE HIGHWAY PERRINE, FL 33157					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
OBEID, BOUSTROS Y 18901 SOUTH DIXIE HIGHWAY PERRINE, FL 33157				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VPTD <input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OBEID, BOUSTROS Y				NAME				
STREET ADDRESS	18901 SOUTH DIXIE HIGHWAY				STREET ADDRESS				
CITY-ST-ZIP	PERRINE, FL 33157				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					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 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: Obeid Boustros Y Obeid Boustros 02/01/06 (305) 234-0910									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									