2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

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NING OFFICER OR DIRECTOR

SIGNATURE: X

Jan 29, 2007 8:00 am Secretary of State DOCUMENT # P98000028907 01-29-2007 90081 001 ***150.00 1. Entity Name NAVEA'S JEWELERS, INC. Principal Place of Business Mailing Address 60008650 14 NE 1ST AVENUE 14 NE 1ST AVENUE 874 1/07 814 //07 MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01082007 Chg-P Applied For City & State City & State 4. FEI Number 65-0865205 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAUEA JOSE NAVEA, JOSE Street Address (P.O. Box Number is Not Acceptable) 14 NE 1ST AVENUE #1107 # 1107 1ST Ave NE MIAMI, FL 33132 MIAMI 32 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. (NOTE: Registered Agent signature required when revisitating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Addition Change TITLE Delete TITLE NAVEA, JOSE NAME NAME STREET ADDRESS 14 NE 1ST AVE., #1107 STREET ADDRESS MIAMI, FL 33132 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ■ Addition ☐ Delete THELE THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 it 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

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