

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080593

1. Entity Name
OQUENDO JEWELRY MFG. INC.



FILED

06 MAY -1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04242006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0863716

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
ROLANDO OQUENDO

Street Address (P.O. Box Number is Not Acceptable)

14 NE 1st AVE. # 1112

City MIAMI FL Zip Code 33132

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 *Vivian Williams* - VIVIAN WILLIAMS 4-25-06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees 600075100216
23/06--01032--023 **158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OQUENDO, ROLANDO R ☐ Delete
STREET ADDRESS 502 SW 13 AVE APT 3
CITY-ST-ZIP MIAMI, FL 33135

TITLE STD
NAME OQUENDO, OLIMPIA R ☐ Delete
STREET ADDRESS 502 SW 13 AVE APT 3
CITY-ST-ZIP MIAMI, FL 33135

TITLE VD
NAME OQUENDO, OMAR ☐ Delete
STREET ADDRESS 502 SW 13 AVE APT 3
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Rolando Oquendo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 305-579-2010
Date Daytime Phone #

ROLANDO R. OQUENDO