

Amir
**2005 FOR PROFIT CORPORATION
 2006 ANNUAL REPORT (AR)**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90333 006 ***158.75

DOCUMENT # P99000009815

1. Entity Name

TREASURE ISLAND JEWELRY, INC.



Principal Place of Business

**405 EAGLE RIDGE DRIVE
 EAGLE RIDGE MALL
 LAKE WALES FL 33859**

Mailing Address

**405 EAGLE RIDGE DRIVE
 EAGLE RIDGE MALL
 LAKE WALES FL 33859**

TREASURE ISLAND JEWELRY



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3557475

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALI, AMIR — TREASURE ISLAND JEWELRY
 405 EAGLE RIDGE DRIVE
 LAKE WALES FL 33859**

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALI, AMIR — TREASURE ISLAND JEWELRY	
STREET ADDRESS	405 EAGLE RIDGE DR.	
CITY - ST - ZIP	LAKE WALES FL 33859 33859	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALI, NASREEN — TREASURE ISLAND JEWELRY	
STREET ADDRESS	405 EAGLE RIDGE DRIVE	
CITY - ST - ZIP	LAKE WALES FL 33859 33859	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Amir *Amir*

4/2/06 (863) 679-8989

ATTACHMENT

~~500.10.571~~
#P99000009815

