


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000025647 1. Entity Name PRECIOUS NOVELTIES, INC.					
Principal Place of Business 113 PRESCOTT F DEERFIELD BEACH FL 33442			Mailing Address 113 PRESCOTT F DEERFIELD BEACH FL 33442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0907478	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTAGNA, DORIS 113 PRESCOTT F DEERFIELD BEACH FL 33442				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State			S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE PVST <input type="checkbox"/> Delete NAME CASTAGNA, DORIS STREET ADDRESS 113 PRESCOTT F CITY-ST-ZIP DEERFIELD BEACH FL 33442			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE U000000770475 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/25/07-80005-008 150.00		
TITLE D <input type="checkbox"/> Delete NAME CASTAGNA, DORIS STREET ADDRESS 113 PRESCOTT F CITY-ST-ZIP DEERFIELD BEACH FL 33442			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VSTD <input type="checkbox"/> Delete NAME FALLS, DORIS STREET ADDRESS 21780 LITTLE BEAR CT CITY-ST-ZIP BOCA RATON FL 33428			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			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 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: DORIS CASTAGNA <i>Doris Castagna</i> 07-22-07 954-429-0290 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					