




2007 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P99000080134 1. Entity Name EPEL'S JEWELRY, INC.			
Principal Place of Business 60 NW 12TH AVENUE, SUITE A MIAMI, FL 33128		Mailing Address 60 NW 12TH AVENUE, SUITE A MIAMI, FL 33128	
DO NOT WRITE IN THIS SPACE		 01122007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0948458	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPELBAUM, JACOBO 60 NW 12TH AVENUE, SUITE A MIAMI, FL 33128		DO NOT WRITE IN THIS SPACE	
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		U00000627178 02/15/07-80051-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPELBAUM, JACOBO 60 NW 12TH AVENUE, SUITE A MIAMI, FL 33128		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPELBAUM, RAQUEL 60 NW 12TH AVENUE, SUITE A MIAMI, FL 33128		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-6-07 305 3242168 <small>Date Daytime Phone #</small>	