

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P99000081304

1. Entity Name  
MAYLIN JEWELRY, INC.



Principal Place of Business  
7161 S.W. 117 AVE.  
MIAMI, FL 33183

Mailing Address  
~~12955 SW 5 ST~~  
MIAMI, FL 33175

*12955 SW 50 ST MIAMI*



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0947718

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SALMERON, JUAN C  
~~10415 SW 7 TERR~~  
MIAMI, FL 33174

*12955 S.W. 50 Street  
MIAMI, FL 33175*

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SALMERON, JUAN C  
STREET ADDRESS 12955 SW 50 ST  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000677776  
04/02/07-80006-020 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/07 MS-471-2664*  
Date Daytime Phone