


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90023 031 ***150.00

DOCUMENT # P99000110491	
1. Entity Name CASA MAYO JEWELRY, INC.	

Principal Place of Business 14 NE 1ST AVE 806A MIAMI, FL 33132	Mailing Address 14 NE 1ST AVE 806A MIAMI, FL 33132
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2. Principal Place of Business - No P.O. Box # 5655 NW 109 Ave	3. Mailing Address 5655 NW 109 Ave
Suite, Apt. #, etc. Apt #51	Suite, Apt. #, etc. Apt #51
City & State Miami, FL	City & State Miami, FL
Zip 33178	Zip 33178
Country	Country

40077744



04082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0970884

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOMEZ, OLGA M
14 NE 1ST AVE
806A
MIAMI, FL 33132

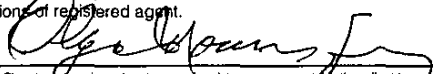
7. Name and Address of New Registered Agent

Name **Gomez, Olga M.**

Street Address (P.O. Box Number is Not Acceptable)
5655 NW 109 Ave #51

City **Miami** FL Zip Code **33178**

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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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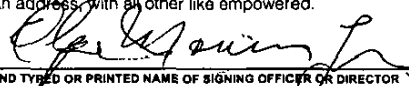
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, OLGA M 14 NE 1ST AVE, #806A MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANGUAS, JOSE ALEJANDRO 14 NE 1ST AVE # 806A MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESPEDES, OMAR 14 NE 1ST AVE. # 806A MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLMENARES, CATALINA 14 NE 1ST AVE #806A MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Yanguas, Jose Alejandro 5655 NW 109 Ave #51 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Colmenares, Catalina 5655 NW 109 Ave #51 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #