2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # \$33501 STARLITE DIAMOND JEWELERS CORP. Principal Place of Business Mailing Address 36 N.E. FIRST ST 36 N.E. FIRST ST **MIAMI FL 33132 MIAMI FL 33132** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0254431 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAUBIN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 8200 S.W. 146TH ST. **MIAMI FL 33158** City 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 reinstaling) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ШЕ Delete TITLE □ Change Addition JAUBIN, GEORGE NAME 000000725609 05/03/07-80029-015 150.00 36 NE FIRST ST. SUITE 230 STREET ADDRESS STREET ADORESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY - ST- ZIP TITLE ☐ Delete BILE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DHE ☐ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I heroby cortify that the information supplied with this filing does not quality for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee ompowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachyon with an address, with all other like impowered.

SIGNATURE:

FGB 7 TH 8007 305-372-343

FILED