


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-08-2007 90007 043 ***150.00

S/E

DOCUMENT # S38069			
1. Entity Name THE JEWELRY CLINIC, INC.			
Principal Place of Business 18861 BISCAYNE BLVD. N MIAMI BCH FL 33180 US		Mailing Address 2435 NE 195TH ST. N MIAMI BCH FL 33180 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 18861 BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State AVENTURA FL	
Zip	Country	Zip	Country
		33180	US
4. FEI Number 65-0250728		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		7. Name and Address of New Registered Agent	
HUMBERTO, TABOADA 2435 NE 195 ST N MIAMI BEACH FL 33180		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
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		DATE	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABOADA, HUMBERTO	NAME	
STREET ADDRESS	2435 NE 195 ST	STREET ADDRESS	
CITY-STATE-ZIP	N MIAMI BCH FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	TABOADA HUMBERTO	STREET ADDRESS	
CITY-STATE-ZIP	18861 BISCAYNE BLVD	CITY-STATE-ZIP	
	AVENTURA FL 33180		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		HUMBERTO TABOADA Director	
SIGNATURE AND TITLE TO BE PRINTED NEAR OF SIGNING OFFICER OR DIRECTOR H.A. TABOADA		Date 05/29/07 305-935-9609 Daytime Phone #	