
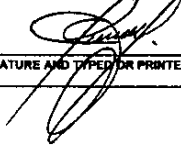


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S40516</b> 1. Entity Name <b>ALFI'S JEWELRY MFG., INC.</b>			
Principal Place of Business <b>2750 WEST 68TH STREET SUITE 101-A HIALEAH, FL 33016 US</b>		Mailing Address <b>2750 WEST 68TH STREET SUITE 101-A HIALEAH, FL 33016 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number <b>65-0250910</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>FIGUEROA, ALVARO 16750 NW 78 AVE MIAMI LAKES, FL 33015</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  U00000746173 05/16/07-80059-010 150.00	
P FIGUEROA, ALVARO 16750 NW 78TH AVE. MIAMI LAKES, FL 33015			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
ST FIGUEROA, DELMY 16750 NW 78TH AVE. MIAMI LAKES, FL 33015			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <u>Alvaro Figueroa</u> <u>4/19/07</u> <u>305-825-3592</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			