

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000079323

**Entity Name:** SOVEREIGN JEWELRY, INC.

**Current Principal Place of Business:**

335 S BISCAYNE BLVD  
APT 3009  
MIAMI, FL 33131

**FILED**  
**Jan 11, 2023**  
**Secretary of State**  
**2334112958CC**

**Current Mailing Address:**

42 WEST 48TH STREET  
STE 1701  
NEW YORK, NY 10036 US

**FEI Number:** 27-1050094

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DARYANANI, SATISH  
9494 NW 52ND LANE  
DORAL ESTATES  
DORAL, FL 33178 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                                    |                 |                                    |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Title           | PD                                 | Title           | S                                  |
| Name            | DARYANANI, SATISH                  | Name            | DARYANANI, VEENA                   |
| Address         | 9494 NW 52ND LANE<br>DORAL ESTATES | Address         | 9494 NW 52ND LANE<br>DORAL ESTATES |
| City-State-Zip: | DORAL FL 33178                     | City-State-Zip: | DORAL FL 33178                     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SATISH DARYANANI

**PRESIDENT**

**01/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date