

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2006  
Secretary of State**

DOCUMENT# 744400

Entity Name: JEWISH JEWELS, INC.

**Current Principal Place of Business:**

7290 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

7290 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33313 US

**New Mailing Address:**

FEI Number: 59-1852741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LASH, NEIL A  
1310 NW 76TH AVE  
PLANTATION, FL 33322 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LASH, NEIL,  
Address: 1310 NW 76TH AVE  
City-St-Zip: PLANTATION, FL 33322

Title: STD ( ) Delete  
Name: LASH, MRS. JAMIE,  
Address: 1310 NW 76TH AVE  
City-St-Zip: PLANTATION, FL 33322

Title: V ( ) Delete  
Name: KOELNER, HARVEY,  
Address: 5317 MYRLTLE TERR.  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: HILBURN, RICHARD,  
Address: 1182 41ST AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: D ( ) Delete  
Name: KLUGE, CHARLES,  
Address: 2231 THREE RWEES DR  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: CHIBIS, MARK  
Address: 1950 SOUTH OCEAN DR  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MONTIERO, GEORGE,  
Address: 7554 BLACK OLIVE WAY  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KLUGE, CHARLES,  
Address: 2231 THREE RIVERS DR  
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL A LASH

PD

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date