

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
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: D () Delete
Name: MONTIERO, GEORGE,
Address: 7554 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date