


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J62974**  
1. Entity Name  
**E.S.L. JEWELERS, INC.**



Principal Place of Business  
**36 NE 1 STR, STE 300  
MIAMI, FL 33132 US**

Mailing Address  
**36 NE 1 STR, STE 300  
MIAMI, FL 33132 US**

**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2788578**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKS, KIM  
11900 BISCAYNE BLVD  
290  
NORTH MIAMI, FL 33181**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, ELI 9325 CARLYLE AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVY, SHARON 9325 CARLYLE AVE SURFSIDE, FL 33154
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000419963  
02/15/06-80029-012 150.00

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: Eli Levy **ELI LEVY** 1/12/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #