

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000034278

1. Entity Name
CERTIFIED ESTATE AND JEWELRY BUYERS, INC.



Principal Place of Business Mailing Address
36 NORTHEAST 1ST ST SUITE 131 MIAMI FL 33132



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State 4. FEI Number **65-0561661** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, MARK D
 4000 HOLLYWOOD BLVD STE 485 SO
 HOLLYWOOD FL 33021**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-appointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete STRAUSS, FREDERICK 36 NE 1ST ST MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000595735 01/23/07-80051-002 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X* **FREDERICK STRAUSS** 1/18/07 (905) 371-8261