

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23090

FILED
Mar 24, 2008
Secretary of State

Entity Name: GOLDMASTERS JEWELRY REPAIR, INC.

Current Principal Place of Business:

1910 WELLS ROAD
ORANGE PARK, FL 32073

New Principal Place of Business:

9542 ARGYLE FOREST BLVD.
C-14
JACKSONVILLE, FL 32222

Current Mailing Address:

1910 WELLS ROAD
ORANGE PARK, FL 32073

New Mailing Address:

9542 ARGYLE FOREST BLVD.
C-14
JACKSONVILLE, FL 32222

FEI Number: 59-3053659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOFF, MARILYN J
1910 WELLS ROAD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

CHRISTOFF, MARILYN J
9542 ARGYLE FOREST BLVD.
C-14
JACKSONVILLE, FL 32222 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: _____

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CHRISTOFF, MARILYN J
Address: 1910 WELLS RD.
City-St-Zip: ORANGE PARK, FL

Title: SD () Delete
Name: CHRISTOFF, BRIAN M
Address: 1910 WELLS RD
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CHRISTOFF, MARILYN J
Address: 9542 ARGYLE FOREST BLVD. #C-14
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD (X) Change () Addition
Name: CHRISTOFF, BRIAN M
Address: 9542 ARGYLE FOREST BLVD. #C-14
City-St-Zip: JACKSONVILLE, FL 32222

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN J. CHRISTOFF

PSD

03/24/2008

Electronic Signature of Signing Officer or Director

Date