

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23090

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** GOLDMASTERS JEWELRY REPAIR, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
9542 ARGYLE FOREST BLVD.  
C-14  
JACKSONVILLE, FL 32222 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: PSD  
Name: CHRISTOFF, MARILYN J  
Address: 9542 ARGYLE FOREST BLVD. #C-14  
City-St-Zip: JACKSONVILLE, FL 32222

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

I hereby 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 all other like empowered.

SIGNATURE: MARILYN J. CHRISTOFF

PSD

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date