


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90426 028 \*\*\*150.00

<b>DOCUMENT # 250867</b>					
1. Entity Name MAYOR'S JEWELERS OF FLORIDA, INC.					
Principal Place of Business 14051 NORTHWEST 14TH STREET SUNRISE, FL 33323		Mailing Address 14051 NORTHWEST 14TH STREET SUNRISE, FL 33323			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0975486</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Svp/cao/sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, MARC		NAME		
STREET ADDRESS	14051 NW 14 ST		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	VP Retail	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHM, ALBERT J II		NAME		
STREET ADDRESS	14051 NW 14 ST		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAHM, ALBERT J II		NAME	Thomas A. Andruskevich	
STREET ADDRESS	14051 NW 14 ST		STREET ADDRESS	1405 NW 14th Street	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Delete	TITLE	SVP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joseph A. Keifer III	
STREET ADDRESS			STREET ADDRESS	14051 NW 14th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Delete	TITLE	SVP/CFO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	John Ball	
STREET ADDRESS			STREET ADDRESS	14051 NW 14th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Sunrise FL 33323	
TITLE		<input type="checkbox"/> Delete	TITLE	VP Financial Reporting	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Paul M. Nobel	
STREET ADDRESS			STREET ADDRESS	14051 NW 14th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Sunrise FL 33323	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			Date: <b>4/22/04</b> 954-846-2821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

