


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90198 014 \*\*\*150.00

<b>DOCUMENT # 250867</b>	
1. Entity Name <b>MAYOR'S JEWELERS OF FLORIDA, INC.</b>	

Principal Place of Business <b>14051 NORTHWEST 14TH STREET SUNRISE, FL 33323</b>	Mailing Address <b>14051 NORTHWEST 14TH STREET SUNRISE, FL 33323</b>
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2. Principal Place of Business <b>5870 N. HIATUS RD.</b>	3. Mailing Address <b>5870 N. HIATUS RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMARAC, FL</b>	City & State <b>TAMARAC, FL</b>
Zip <b>33321</b>	Zip <b>33321</b>
Country	Country



04102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0975486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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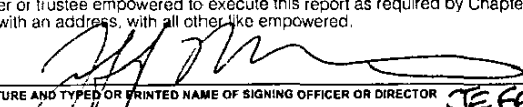
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDS WEINSTEIN, MARC 14051 NW 14 ST SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D WEINSTEIN, MARC 5870 N. HIATUS RD. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPR RAHM, ALBERT J II 14051 NW 14 ST SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/COO KEIFER, JOSEPH A. III 5870 N. HIATUS RD. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHM, ALBERT J II 14051 NW 14 ST SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CFO RABINOVITCH, MICHAEL 5870 N. HIATUS RD. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ANDRUSKEVICH, THOMAS A 1405 NW 14TH ST. SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO ANDRUSKEVICH, THOMAS A. 5870 N. HIATUS RD. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF NOBEL, PAUL M 14051 NW 14TH ST. SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/IS MORRIS, JEFF 5870 N. HIATUS RD. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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:**  **4/24/06** **954-590-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JEFF MORRIS** Date Daytime Phone #