


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # 250867**  
 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  
**5870 N. HIATUS RD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5870 N. HIATUS RD.**  
 Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State  
**TAMARAC, FL**

City & State  
**TAMARAC, FL**

Zip  
**33321** Country

Zip  
**33321** Country

4. FEI Number  
**59-0975486**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDS WEINSTEIN, MARC 14051 NW 14 ST SUNRISE, FL 33323	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPR RAHM, ALBERT J II 14051 NW 14 ST SUNRISE, FL 33323	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHM, ALBERT J II 14051 NW 14 ST SUNRISE, FL 33323	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ANDRUSKEVICH, THOMAS A 1405 NW 14TH ST. SUNRISE, FL 33323	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF NOBEL, PAUL M 14051 NW 14TH ST. SUNRISE, FL 33323	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D WEINSTEIN, MARC 5870 N. HIATUS RD. TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/COO KEIFER JOSEPH A. III 5870 N. HIATUS RD. TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CFO RABINOVITCH, MICHAEL 5870 N. HIATUS RD. TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO ANDRUSKEVICH, THOMAS A. 5870 N. HIATUS RD. TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI/S MORRIS, JEFF 5870 N. HIATUS RD. TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:  **JEFF MORRIS** Date **4/24/06** Daytime Phone # **954-590-9000**