

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 250867

FILED
Jan 06, 2010
Secretary of State

Entity Name: MAYOR'S JEWELERS OF FLORIDA, INC.

Current Principal Place of Business:

5870 N. HIATUS RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

1240 SQUARE PHILLIPS
MONTREAL, QC H3B 3H4 CA

New Mailing Address:

FEI Number: 59-0975486 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR
Name: KEIFER, JOSEPH A III
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: DIR
Name: RABINOVITCH, MICHAEL
Address: 5870 N. HITUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: PCEO
Name: ANDRUSKEVICH, THOMAS
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: EVP
Name: KEIFER, JOSEPH A III
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: CFO
Name: RABINOVITCH, MICHAEL
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: GVP
Name: MELFI, MIRANDA
Address: 1240 SQUARE PHILLIPS
City-St-Zip: MONTREAL, QC H3B 3H4 CA

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: MIRANDA MELFI

GVP

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date