


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 017 ***150.00

DOCUMENT # 309995 1. Entity Name ROSENTHAL JEWELERS SUPPLY CORP.					
Principal Place of Business 42 NE 25TH STREET MIAMI, FL 33137			Mailing Address 42 NE 25TH STREET MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # 145 E. FLAGLER ST		3. Mailing Address 145 E. FLAGLER			
Suite, Apt. #, etc. 35		Suite, Apt. #, etc. 35			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Country USA		4. FEI Number 59-1153603	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADOUTH, DAISY VD 10155 COLLINS AVENUE APT 804 BAL HARBOUR, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
-FILE NOW!!! FEE IS \$150.00- After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADOUTH, DAISY 42 NE 25 ST MIAMI, FL 33137		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 145 E FLAGLER ST SUITE 35 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ADOUTH, RAPHAEL 42 NE 25 ST MIAMI, FL 33137		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 145 E. FLAGLER ST SUITE 35 MIAMI, FL 33131
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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: <u>RAPHAEL ADOUTH</u> 4/29/08 3055736866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					