

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # 505210

1. Entity Name

KENANN JEWELERS, INC.



Principal Place of Business

**2524 NE 22 STREET
FORT LAUDERDALE FL 33305**

Mailing Address

**2524 NE 22 STREET
FORT LAUDERDALE FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1675526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORWIN, MARTHA S.
2524 NE 22 STREET
FORT LAUDERDALE FL 33305**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Current Report
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORWIN, MARTHA S	
STREET ADDRESS	2524 NE 22ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PLATI, SUZANNE KING	
STREET ADDRESS	2524 NE 22ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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05/20/06-80132-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Martha S Corwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

954 565-2023

Daytime Phone #