

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 001 \*\*\*158.75

**DOCUMENT # 640650**

1. Entity Name

**JEWELERS INTERNATIONAL SHOWCASE, INC.**



Principal Place of Business

**6405 CONGRESS AVE  
SUITE #125  
BOCA RATON, FL 33487-2827 US**

Mailing Address

**6405 CONGRESS AVE  
SUITE #125  
BOCA RATON, FL 33487-2827 US**

**40017550**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1949278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHABROW, PENN B, ESQ  
C/O WAMPLER, BUCHANAN, & BREEN, P.A.  
777 BRICKELL AVENUE SUITE 900  
MIAMI, FL 33131**

**\*SAME AGENT\*  
DIFFERENT ADDRESS**

7. Name and Address of New Registered Agent

**CHABROW, PENN B, ESQ  
WAMPLER, BUCHANAN, WALKER, CHABROW & BANCIELLA**

**Street Address (P.O. Box Number is Not Acceptable)  
1 SE 3rd AVE STE #1700**

City **MIAMI**

**FL**

Zip Code **33131**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BRESLOW, MICHAEL G.**  
STREET ADDRESS **6711 NEWPORT LAKE CIRCLE**  
CITY-ST-ZIP **BOCA RATON, FL 334963004**

TITLE **STD** ☐ Delete  
NAME **KAPLAN, FRANK L**  
STREET ADDRESS **14000 SW 99TH COURT**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **BRESLOW, MICHAEL G.**  
STREET ADDRESS **7427 SEDONA WAY**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/05** **561**  
**998 0205 509**