~ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #640650

1. Entity Name

JEWELERS INTERNATIONAL SHOWCASE, INC.



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

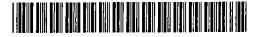
6421 CONGRESS AVE

6421 CONGRESS AVENUE

SUITE #105

BOCA RATON, FL 33487-2858 US

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DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR

CR2E034 (11/05)

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

CORPCO, INC. 2699 S. BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

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 eppticable. (NOTE: Registered Agent signature required when reinstating)						
-1.4. ,	<u>.</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Finant Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIREC		CTORS				
TITLE	DP	3				
NAME	BRESLOW, MICHAEL G					
STREET ADDRESS	7427 SEDONA WAY				000000774479 01/07/08-80015-025 158.75	
CITY-ST-ZIP	DELRAY BEACH, FL 33446				01/07/08-80015-025 158.75	
	DST					
TITLE	KAPLAN, FRANK L 14000 SW 99TH COURT MIAMI, FL 33176					
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	D					
NAME	MANDELL, BRAD					
STREET ADDRESS	1069 SCHERER WAY			DO NOT WRITE		
CITY-ST-ZIP	OSPREY, FL 34229					
TITLE	D			IN THIS SPACE		
NAME	SWIMMER, LENNY			IN THIS SPACE		
STREET ADDRESS	2212 GLENBROOK					
CITY-ST-ZIP	LAS VEGAS, NV 89117					
	·					
TITLE	D SDIEGELMAN BOREDT					
NAME	REET ADDRESS 673 DESTACADA AVENUE					
CITY-ST-ZIP··	CORAL GABLES, FL 33156					

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:

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president Date of

9980205 Dayline Phone X 9