


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 640650</b>		
1. Entity Name <b>JEWELERS INTERNATIONAL SHOWCASE, INC.</b>		
Principal Place of Business <b>6421 CONGRESS AVE SUITE #105 BOCA RATON, FL 33487-2858 US</b>	Mailing Address <b>6421 CONGRESS AVENUE SUITE #105 BOCA RATON, FL 33487-2858 US</b>	



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1949278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BRESLOW, MICHAEL G
STREET ADDRESS	7427 SEDONA WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	DST
NAME	KAPLAN, FRANK L
STREET ADDRESS	14000 SW 99TH COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	MANDELL, BRAD
STREET ADDRESS	1069 SCHERER WAY
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	SWIMMER, LENNY
STREET ADDRESS	2212 GLENBROOK
CITY-ST-ZIP	LAS VEGAS, NV 89117
TITLE	D
NAME	SPIEGELMAN, ROBERT
STREET ADDRESS	673 DESTACADA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/08-80015-025 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Michael Breslow* 1/4/08 521  
President 9580205  
X9