

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN-29 AM 8:00

DOCUMENT # F02948

1. Entity Name
THE TIFFANY OF BAL HARBOUR, INC.



Principal Place of Business
1455 W. SHERBROOKE ST., STE. 200
MONTREAL, QUEBEC
H3G 1L2 CANADA, CA

Mailing Address
1455 W. SHERBROOKE ST., STE. 200
MONTREAL, QUEBEC
H3G 1L2 CANADA, CA

DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03) *MRD*

4. FEI Number
59-2047992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENSPOON, MARDER, HIRSCHFELD, ET AL
100 W. CYPRESS CREEK ROAD
SUITE 700
FORT LAUDERDALE, FL 33309

**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.

900028321129
02/06/04--01023--013 **150.00

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUGER, SOL 1455 SHERBROOKE ST. W., NO: 2108 MONTREAL, QUEBEC H3G 1L2,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRONSTEIN, MORRIE 1 WOOD AVENUE #1405 MONTREAL, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRAZIN, LOUIS 12 FALLBROOK PLACE HAMPSTEAD, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENBERG, SAM 3577 ATWATER, APT. 1408 MONTREAL, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SOL LUGER

Date

Jan. 21/2004 (514) 939-7200

Daytime Phone #