

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02948**

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



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

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



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.

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 PD  
NAME LUGER, SOL  
STREET ADDRESS 1455 SHERBROOKE ST. W., NO: 2108  
CITY-ST-ZIP MONTREAL, QUEBEC H3G 1L2,

TITLE VD  
NAME BRONSTEIN, MORRIE  
STREET ADDRESS 1 WOOD AVENUE #1405  
CITY-ST-ZIP MONTREAL, QUEBEC,

TITLE TD  
NAME DRAZIN, LOUIS  
STREET ADDRESS 12 FALLBROOK PLACE  
CITY-ST-ZIP HAMPSTEAD, QUEBEC,

TITLE VSD  
NAME GREENBERG, SAM  
STREET ADDRESS 3577 ATWATER, APT. 1408  
CITY-ST-ZIP MONTREAL, QUEBEC,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000832894  
02/27/08-80078-006 150.00

**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

Feb 13/2008

Date

514-939-7200

Daytime Phone