

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006617

FILED  
Apr 06, 2005  
Secretary of State

**Entity Name:** CHARLESTON JEWELRY REPAIR INC.

**Current Principal Place of Business:**

10300 W. FOREST HILL BLVD., SUITE 196A  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2150 NORTHWOODS BLVD. #F34  
NORTH CHARLESTON, SC 29406

**New Mailing Address:**

10300 W FOREST HILL BLVD, SUITE 196A  
WELLINGTON, FL 33414

**FEI Number:** 56-2316510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: GOMBERG, DAVID  
Address: 2230 SHOMA DR.  
City-St-Zip: ROYAL PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID GOMBERG

DPST

04/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date