

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005965

Entity Name: CIRCA JEWELS INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

415 MADISON AVENUE
19TH FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

415 MADISON AVENUE
19TH FLOOR
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-4033285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL GATTO, CHRIS
44 COCOANUT ROW, UNIT L101
PALM BEACH, FL 33480 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: CEO () Delete
Name: DEL GATTO, CHRIS
Address: 415 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: DIR () Delete
Name: CORNSTEIN, DAVID
Address: 415 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: SEC () Delete
Name: SINGER, JEFFREY
Address: 415 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VP () Delete
Name: SOMMER, HOWARD
Address: 415 MADISON AVE 19TH FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOWARD SOMMER

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date