## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 07, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # F94936** GINA LEIGH JEWELERS, INC. Principal Place of Business Mailing Address 8307 BEACH BLVD 8307 BEACH BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 No Chg-P CR2E034 (11/05) 02142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2207741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MYERS, WILLIAM S DO NOT WRITE 905 PARK AVE, SUITE 102 ORANGE PARK, FL 32073 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 (NQTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BEHNAM, AKRAM J NAME 8307 BEACH BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL TITLE DST BEHNAM, IDA M NAME 8307 BEACH BLVD STREET ADORESS CITY-ST-ZIP JACKSONVILLE, FL TITLE STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR