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Secretary of State

02-18-2008 90003 044 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

2/11

DOCUMENT # G92203

1. Entity Name
SOUTH MIAMI JEWELERS & WATCHMAKERS, INC.



Principal Place of Business
7214 RED ROAD
SOUTH MIAMI, FL 33143-5310

Mailing Address
7214 RED ROAD
SOUTH MIAMI, FL 33143-5310

66002993



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2386482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEURRENS, EDGARD
7214 RED ROAD
SOUTH MIAMI, FL 33143

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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 resigning)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEURRENS, EDGARD
STREET ADDRESS	8466 SW 138 TERR.
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	SD
NAME	MEURRENS, LYDIA
STREET ADDRESS	8466 SW 138 TERR.
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

L Meurrens MEURRENS SECRETARY

3-7-08

305-667-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #