2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 8:00 am **Secretary of State** DOCUMENT # H83132 1. Entity Name 02-07-2005 90063 047 ***150.00 M & F JEWELRY, INC. Principal Place of Business Mailing Address 7480 W. COMMERCIAL BLVD. LAUDERHILD FL 33319 P.O.BOX 22-3592 HOLLYWOOD FL 33022 2. Principal Place of Business 3. Mailing Address 5663 Coral Ridge Du Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2591181 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOSKOVITZ, FRED 7480 W. COMMERCIAL BLVD-Redge Dreve LAUDERHILL FL 33319 Zip Code 33076 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Delete YOSKOVITZ, FRED NAME 5663 Coral Ridge Drive Coral Springer Fl 33076 □ Change 7500-W: COMMERCIAE BEVD. STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete THE ☐ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNING OFFICER OR DIRECTOR

FILED

Davirna Phone #