

DOCUMENT # L70669

1. Entity Name

EDMOND'S STERLING SILVER, INC.



**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

2900 W SAMPLE RD  
 K2025  
 POMPANO BEACH FL 33073  
 US

Mailing Address

4049 CARAMBOLA CIRCLE NORTH  
 COCONUT CREEK FL 33066  
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0200875

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COHEN, HUGUETTE  
 4049 CARAMBOLA CIRCLE NORTH  
 COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete  
 NAME: COHEN, EDMOND  
 STREET ADDRESS: 5396 NW 5TH STREET  
 CITY-STATE-ZIP: DELRAY BEACH FL

TITLE: VTD ☐ Delete  
 NAME: COHEN, HUGUETTE  
 STREET ADDRESS: 5396 NW 5TH STREET  
 CITY-STATE-ZIP: DELRAY BEACH FL

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

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TITLE: ☐ Delete  
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 CITY-STATE-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME: 400000647978  
 STREET ADDRESS: 03/06/07-80034-003 158.75  
 CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

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 STREET ADDRESS:  
 CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Huguette Cohen HUGUETTE COHEN 2/17/07 954-978-751X  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #