


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L80352  
 1. Entity Name  
 LEJEUNE ROAD JEWELERS EXCHANGE CORP. II



Principal Place of Business      Mailing Address  
 % HARVEY KORNFELD      % HARVEY KORNFELD  
 831 N.W. 42ND AVENUE      831 N.W. 42ND AVENUE  
 MIAMI, FL 33126      MIAMI, FL 33126



01092006    No Chg-P    CR2E034 (11/05)

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4. FEI Number      Applied For  
 65-0222406      Not Applicable

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

6. Name and Address of Current Registered Agent  
 KORNFELD, HARVEY  
 831 N.W. 42ND AVE.  
 MIAMI, FL 33126

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6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2006 Fee will be \$550.00**

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

01/17/06-80012-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	PVSD
NAME	KORNFELD, HARVEY
STREET ADDRESS	831 N.W. 42 AVE
CITY- ST- ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY KORNFELD    1-9-06    305-643-465-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #