


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90236 004 ***150.00

DOCUMENT # M23282 1. Entity Name HONG KONG LAPIDARIES, INC.					
Principal Place of Business % MENASHE ZARGAR 2801 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			Mailing Address % MENASHE ZARGAR 2801 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent ZARGAR, MENASHE 11164 N.W. 10TH AVE. CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name: MIKE ZARGAR Street Address (P.O. Box Number is Not Acceptable) 11164 NW 10TH AVE City: CORAL SPRINGS FL Zip Code: 33071	
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: <u><i>Menashe Zargar</i></u> DATE: <u>1-10-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARGAR, MENASHE 11164 NW 10TH PLACE CORAL SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARGAR, MIKE 11164 NW 10TH PLACE CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZARGAR, ESTHER 11164 NW 10TH PLACE CORAL SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Menashe Zargar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-10-06</u> Daytime Phone # _____		

60004147



01062006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2604717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARGAR, MENASHE
11164 N.W. 10TH AVE.
CORAL SPRINGS, FL 33065

Name: **MIKE ZARGAR**
Street Address (P.O. Box Number is Not Acceptable)

11164 NW 10TH AVE

City: **CORAL SPRINGS** **FL** Zip Code: **33071**

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SIGNATURE: *Menashe Zargar*
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZARGAR, MENASHE
11164 NW 10TH PLACE
CORAL SPRINGS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZARGAR, MIKE
11164 NW 10TH PLACE
CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ZARGAR, ESTHER
11164 NW 10TH PLACE
CORAL SPRINGS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE: *Menashe Zargar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #