

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M27532

1. Entity Name
JEWELS BY US DISCOUNT JEWELERS, INC.



Principal Place of Business
**JEWELS BY US INC
19948 NW 2ND AVE
MIAMI, FL 33169 US**

Mailing Address
**JEWELS BY US INC
19948 NW 2ND AVE
MIAMI, FL 33169 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2651980** Applied For
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REEVES, ANDREW H
19948 NW 2ND AVE
MIAMI, FL 33169**

**DO NOT WRITE
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 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

TITLE **PAS**
NAME **REEVES, ANDREW H.**
STREET ADDRESS **964 HARBORVIEW NORTH**
CITY-ST-ZIP **HOLLYWOOD, FL 330019**

TITLE **D**
NAME **REEVES, ANDREW H.**
STREET ADDRESS **964 HARBORVIEW NORTH**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **VSD**
NAME **REEVES, TERRI G.**
STREET ADDRESS **964 HARBORVIEW NORTH**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
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01/12/06-80049-001 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(305) 653-4367