

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # M90828

1. Entity Name
DAVID BARI'S JEWELRY AND LOAN, INC.



Principal Place of Business

**167 S. STATE ROAD 7
MARGATE, FL 33068 US**

Mailing Address

**167 S STATE RD 7
MARGATE, FL 33068 US**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0063393

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OBERMAN, STEVEN Z
7101 W MCNAB RD
SUITE 20
FORT LAUDERDALE, FL 33321**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000670345
03/27/07-80106-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAYMAN, OLEG
STREET ADDRESS	4809 N.W. 104 TERRACE
CITY- ST- ZIP	CORAL SPRINGS, FL 33076
TITLE	S
NAME	GRINBERG, GREGORY
STREET ADDRESS	271 N.W. 122 TERRACE
CITY- ST- ZIP	CORAL SPRINGS, FL 33071
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



3-15-07

Date

Daytime Phone #