


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90269 032 ***150.00

DOCUMENT # P0000000777

1. Entity Name
MARC DAVID FINE JEWELERS, INC.



Principal Place of Business
5050 TOWN CENTER CIRCLE #237 BOCA RATON, FL 33486

Mailing Address
117 N.E. 7TH STREET MIAMI, FL 33132

40077793



2. Principal Place of Business - No P.O. Box #
169 E. Flagler St

3. Mailing Address
169 E. Flagler St

Suite, Apt. #, etc.
600

03292007 Chg-P CR2E034 (12/06)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0971001

Applied For
 Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

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

6. Name and Address of Current Registered Agent

PRASCHNIK, SALOMON
117 N.E. 7TH STREET
MIAMI, FL 33132

7. Name and Address of New Registered Agent

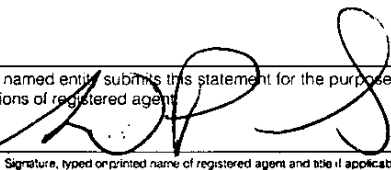
Name
Salomon Praschnik

Street Address (P.O. Box Number is Not Acceptable)
169 E. flagler st #600

City
MIAMI FL

Zip Code
33131

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  **Salomon Praschnik** **4/3/07**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PRASCHNIK, SALOMON 117 N.E. 7TH STREET MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PRASCHNIK, DAVID 117 N.E. 7TH STREET MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PRASCHNIK, SALOMON 169 E. flagler st #600 MIAMI FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PRASCHNIK, DAVID 169 E. Flagler St #600 MIAMI FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:  **4/3/07** **305-379-5267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #