

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90126 018 \*\*\*150.00

DOCUMENT # P00000068864

1. Entity Name

LE CLASSIQUE JEWELERS AND APPRAISERS, INC.



Principal Place of Business

3001 OCEAN DRIVE  
SUITE 105  
VERO BEACH FL 32963

Mailing Address

3001 OCEAN DRIVE  
SUITE 105  
VERO BEACH FL 32963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3668284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~VARJABEDIAN, LORI~~  
~~3001 OCEAN DRIVE~~  
~~SUITE 105~~  
~~VERO BEACH FL 32963~~

7. Name and Address of New Registered Agent

Name

CHAROUTIOUN TSLINGIRIAN

Street Address (P.O. Box Number is Not Acceptable)

3005 OCEAN DRIVE

SUITE 105

City

VERO BEACH

FL

Zip Code

32963

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

CHAROUTIOUN TSLINGIRIAN

2/20/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME TSILINGIRIAN, CHAROUTIOUN  
STREET ADDRESS 4100 N A1A APT 333  
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE ST ☒ Delete  
NAME VARJABEDIAN, LORI  
STREET ADDRESS 816 AZALEA LANE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ Delete  
NAME TSLINGIRIAN, AZNIV  
STREET ADDRESS 4100 N A1A APT 333  
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CHAROUTIOUN TSLINGIRIAN  
PRESIDENT

2/20/06

772-231-2060

Daytime Phone #