

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90001 012 \*\*\*150.00

**DOCUMENT # P01000084691**

1. Entity Name

**WORLD JEWELRY CENTER II, INC.**



Principal Place of Business

**7480 W. COMMERCIAL BLVD  
FORT LAUDERDALE FL 33319**

Mailing Address

**7480 W. COMMERCIAL BLVD  
FORT LAUDERDALE FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**65-1140316**

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

**CHACHAKOV, PETE  
7480 W. COMMERCIAL BLVD.  
LAUDERHILL FL 33062**

Name

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

City

**FL**

Zip Code

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	FRANK, STEVE	
STREET ADDRESS	7500 W. COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHACHAKOV, PETER	
STREET ADDRESS	7500 W. COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRESSER, REUVEN	
STREET ADDRESS	7500 W. COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHICK, ELAINE	
STREET ADDRESS	7500 W. COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, ALAN	
STREET ADDRESS	7500 W. COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7480 W. Commercial Blvd
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7480 W. Commercial Blvd
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7480 W. Commercial Blvd
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7480 W. Commercial Blvd
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #