


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90028 019 ***150.00

DOCUMENT # P01000090321

1. Entity Name
 LEGACY FINE JEWELRY INC.



Principal Place of Business Mailing Address

9903-B S MILITARY TR #2 BOYNTON BEACH, FL 33436

NEW ~~10826 LAKE WINDS CT BOYNTON BEACH, FL 33437~~
 7577 MARTINIQUE BLVD
 BOCA RATON, FL 33433-4932

DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1137776 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ELBLONK, IRA H
 5700 LAKE WORTH RD
 SUITE 308B
 LAKE WORTH, FL 33-4634

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	7577 MARTINIQUE BLVD
NAME	SIMON, PERES	BOCA RATON, FL 33433-4932
STREET ADDRESS	10826 LAKE WINDS CT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: SSIMON PERES 5-24-07 561 737-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #