
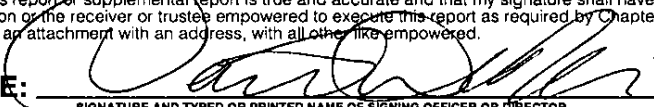


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90503 036 \*\*\*150.00

<b>DOCUMENT # P01000102653</b> 1. Entity Name <b>DEPRISCO JEWELERS OF BOSTON SINCE 1948, INC.</b>					
Principal Place of Business <b>1800 S OCEAN BLVD BOCA RATON, FL 33432</b>			Mailing Address <b>C/O DARLENE DEPRISCO P.O. BOX 960027 BOSTON, MA 02196-0027</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>c/o Deirdre DePrisco</b> Suite, Apt. #, etc. <b>Same</b>		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>55-087 9336</b> <b>APPLIED FOR</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DAVID, JOHN T ESQUIRE 408 S ANDREWS AVE STE 202 FT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DEPRISCO, DEIRDRE 1800 S OCEAN BLVD BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete		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"/> Delete		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 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 all other like empowered.					
<b>SIGNATURE:</b> 			<b>Deirdre DePrisco</b> <b>4/28/05</b> <b>617-227-9009</b> Date Daytime Phone #		