2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State 03-07-2008 90044 014 ***150.00

3/

DOCUMENT # P02000040179 1. Entity Name FINLAY MANAGEMENT, INC.									03-07-	-2008 900)44 OI4	130.0
Principal Place of Business 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 32250				Mailing Address 4300 MARSH LANDING BLVD JACKSONVILLE BEACH, FL 32250			1 PÅRINDE	66007339 -				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02272008	Chg-P	CR2E	034 (12/06))
City & State				City & State				4. FEI Numi 02-058		• •		pplied For lot Applicable
Zip .		Country		Zip		Coun	try	5. Certificat	e of Status Desired	. .	\$8.75 Ad Fee Require	Iditional ed
;	6. Name	and Address o	of Current Re	gistered	Agent		No.	7. Name an	d Address of Nev	v Registered	Agent	
FINLAY HOLDINGS, INC.							Name					
4300 MARSH LANDING BLVD							Street Address	(P.O. Box Numb	per is Not Accepta	ble)	<u> </u>	
-SUITE 101 - JACKSONVILLE BEACH, FL 32250									····			
							City			FŁ	Zip Cod	de
8. The above	named entity	v submits this st	talement for ti	he ourpos	e of changing its	registere	ed office or registr	ered agent or b	oth, in the State of		lamiliar with	and accent
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												
<u> </u>	Signature, typed	or princed name of ro	gatered agent and	t the 1 applica	SOME. (NOTE:	: Regotered	d Agent signature reczin	ed when reinstating)	·	CLATE		
FILE NOWILL FEE 13 \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												,
10.	1 5	OFFIC	CERS AND DI	RECTORS		11.		ADDITIONS	/CHANGES TO O	FFICERS AND		
TITLE	D FINLAY, C	CARROLL		. /	☐ Delete	TITLE	1/2-1	120		ما الم	Change	101 FF
STREET ADORESS	1 .						ET ADDRESS	4300	MODEL !	ordin	2 PIN	24101
CITY-ST-ZIP	 	WILLE BEAC	H, FL 3225	0		CITY-	ST-ZIP	<u> XUSI</u>	m vila	<u>14:3</u>	<u> 225</u>	0
title Name	V	KEMN C		/	Deinte	TITLE	ŀ				Change	Addition
STREET ADDRESS	MURPHY, KEVIN C ESS 4300 MARSH LANDING BLVD						ET ADDRESS					
CITY-ST-ZIP		IVILLE BEACI	H, FL 3225	0	$\overline{}$	an.	ST-ZIP					
TITLE NAME	VP ANDERSO	N PON		. (Ocicie)	TITLE	1				Change	Addition
STREET ADDRESS	1	SH LANDING	BLVD	(TADORESS					
CITY-SI-DP .	JACKSON	VILLE BEAC	H, FL 3225	0		City-	S1-21P			<u> </u>		
TITLE					Delete	INLE	Į.				☐ Change	☐ Addition
NAME Street address						NAME Stree	T ADDRESS					
CITY-ST-ZEP						CITY-	ST-2IP					
TITLE					☐ Deleta	MILE	1			<u> </u>	Change	☐ Addition
NAME STREET ADDRESS						NAME STREE	T ADDRESS					
CID-SI-ZP							SI-ZIP					
TITLE					C Detete	TITLE					Change	Addition
NAME						MAKE	- 1					ł
CITY-SI-ZIP							T ADDRESS ST-ZIP					ĺ
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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 cath; 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, Rorida 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 OR SIGNATURE OR DIRECTOR Disco Disco												
		auruninkar van	ייירעט עאר דוטוע	150 200	MANUSCH CFFICER OI	n insec (C		- 11	Date	Us.	sytime Phone #	Ţ