

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90397 013 \*\*\*150.00

**DOCUMENT # P02000103747**

1. Entity Name  
**ROFFE S JEWELRY, INC.**



Principal Place of Business  
**6095 NW 167 ST UNIT D1  
MIAMI, FL 33015**

Mailing Address  
**6095 NW 167 ST UNIT D1  
MIAMI, FL 33015**

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**55-0800286**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SILBERMAN, MERY  
6095 NW 167 ST UNIT D1  
MIAMI, FL 33015**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTS
NAME	ROFFE, JACOBO
STREET ADDRESS	16900 N BAY RD #508
CITY-ST-ZIP	SUNNY ISL BCH, FL 33160
TITLE	Vice President
NAME	ROFFE, MANUEL
STREET ADDRESS	21222 NE 31 place
CITY-ST-ZIP	Aventura - FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: X**  **JACOBO ROFFE, PRES. 01/19/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #