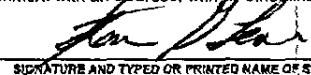


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000122563		
1. Entity Name INTERNATIONAL JEWELERS EXCHANGE OF BOYNTON BEACH, INC.		
Principal Place of Business P O BOX 562647 MIAMI, FL 33256-2647	Mailing Address P O BOX 562647 MIAMI, FL 33256-2647	
DO NOT WRITE IN THIS SPACE		
		 01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 90-0119093 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BERFOND, LAWRENCE 8221 GLADES RD, #101 BOCA RATON, FL 33434		DO NOT WRITE 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, STEVE G 2624 VALENCIA WAY FT MYERS, FL 339012647	U00000422589 02/17/06-80017-009 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERFOND, LAWRENCE 8221 GLADES RD, #101 BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, SCOTT 5651 N.W. 23RD AVE BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  STEVEN G. LEVINE		Date _____ Daytime Phone # (305) 251-6085