


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90453 046 ***150.00

DOCUMENT # P04000118679 1. Entity Name JAZ WATCH AND JEWELRY REPAIR, INC.					
Principal Place of Business 1211 WEST MAGNOLIA CIRCLE DELRAY BEACH FL 33445			Mailing Address 1211 WEST MAGNOLIA CIRCLE DELRAY BEACH FL 33445		
2. Principal Place of Business 10300 West Forest Hill Blvd Ste 200 Suite, Apt. #, etc. Suite 244C		3. Mailing Address Same As Above Suite, Apt. #, etc.			
City & State Wellington Florida		City & State _____			
Zip 33414		Country Palm Beach		Zip _____	
Country Palm Beach		Zip _____		Country _____	
6. Name and Address of Current Registered Agent STEWART, JAMES M ESQ 1211 THE PLAZA SINGER ISLAND FL 33404				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME RUIZ-ZAMPANO, ALINA C		TITLE _____	NAME _____	
STREET ADDRESS 1211 WEST MAGNOLIA CIRCLE	CITY-ST-ZIP BOYNTON BEACH FL 33435		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE D	NAME ZAMPANO, JOSEPH G		TITLE _____	NAME _____	
STREET ADDRESS 1211 WEST MAGNOLIA CIRCLE	CITY-ST-ZIP DELRAY BEACH FL 33445		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Alina C. Ruiz-Zampano</u> Alina C. Ruiz-Zampano April 10, 2006 561-498-3340 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					