

May 11 05 03:53p

stephen r rapport

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May 16, 2005 8:00 am
Secretary of State

05-16-2005 90196 023 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000147294			
1. Entity Name PERIDOT JEWELRY, INC.			
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address 2600 GLADES CIRCLE # 1000	
Suite, Apt. #, etc.		City & State WESTON FL	
City & State		Zip 33327	
Country FL		Country FL	
4. FEI Number 30-0280223		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		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 _____ (Signature, typed or printed name of registered agent if not applicable) (NOTE: Registered Agent signature required when not applicable) DATE			
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RD LEIDER, GALILA 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 provided 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 unpowered.			
SIGNATURE: <i>Galila Leider</i>		5/2/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	