


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90254 023 ***150.00

DOCUMENT # P06000043889 1. Entity Name RECHERCHE*JEWELRY & GIFTS INC					
Principal Place of Business 2720 SO. OAKLAND FOREST DRIVE #1208 OAKLAND PARK, FL 33309			Mailing Address 2720 SO. OAKLAND FOREST DRIVE #1208 OAKLAND PARK, FL 33309		
2. Principal Place of Business - No P.O. Box # 6165 Old Court Rd		3. Mailing Address 6165 Old Court Rd			
Suite, Apt. #, etc. 223		Suite, Apt. #, etc. 223			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33433		Country USA		4. FEI Number 54-2195392	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KELLY, LISA MARIE 2720 SO. OAKLAND FOREST DRIVE #1208 OAKLAND PARK, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME : STREET ADDRESS CITY - ST - ZIP	D KELLY, LISA MARIE 2720 SO. OAKLAND FOREST DRIVE #1208 OAKLAND PARK, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/30/08 Daytime Phone # _____		