


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 037 ***158.75

DOCUMENT # P21926 1. Entity Name FINLAY FINE JEWELRY CORPORATION	
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Principal Place of Business 529 FIFTH AVENUE NEW YORK, NY 10017	Mailing Address 529 FIFTH AVENUE NEW YORK, NY 10017
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34053943



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3287757	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW! FEE IS \$150.00
After May 1, 2004 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	VT ZURLNICK, BRUCE 529 FIFTH AVENUE, 5TH FL NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REINER, ARTHUR E 521 FIFTH AVE., 4TH FL. NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNSTEIN, DAVID B. 529 FIFTH AVE., 6TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, MICHAEL XXXXXXXXXXXXXXXXXXXX One Geoffrey Way PARAMUS, NY 10765 2nd Floor Wayne, NJ 07470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVIS, BONNI G. 529 FIFTH AVENUE, 6TH FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIN, JOSEPH M 521 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10175

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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 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:  **Bonni G. Davis** 4/8/04 212 808-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #