


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21926</b> 1. Entry Name <b>FINLAY FINE JEWELRY CORPORATION</b>	
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Principal Place of Business <b>529 FIFTH AVENUE NEW YORK, NY 10017</b>	Mailing Address <b>529 FIFTH AVENUE NEW YORK, NY 10017</b>
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**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-P CR2E034 (11/05)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 agree, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 ONE GEOFFREY WAY 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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IN THIS SPACE**

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05/05/06-80041-001 158.75

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:**  **Bonni G. Davis, VP & Secy 4/10/06 212-808-2080**