2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21926

FILED Apr 08, 2009 Secretary of State

Entity Nai	me: FINLAY F	FINE JEWELRY CORPORATION	N			
Current Principal Place of Business:			New Principal Place of Business:			
529 FIFTH NEW YOR	I AVENUE RK, NY 10017					
Current M	lailing Addre	ss:	New Mailing Address:			
529 FIFTH NEW YOR	I AVENUE RK, NY 10017					
FEI Number:	: 13-3287757	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VT (ZURLNICK, BF 529 FIFTH AVE NEW YORK, N	ENUE, 5TH FL	Title: Name: Address: City-St-Zip:	ZURLNICK,	VENUE, 5TH FL.	
Title: Name: Address: City-St-Zip:	CD (REINER, ARTH 529 5TH AVE 4 NEW YORK, N	TH FL.	Title: Name: Address: City-St-Zip:	CD REINER, AR 529 5TH AVE NEW YORK,	E, 6TH FL.	
Title: Name: Address: City-St-Zip:	D (CORNSTEIN, I 529 FIFTH AVE NEW YORK, N	E., 6TH FLOOR	Title: Name: Address: City-St-Zip:	CORNSTEIN	DWAY, 11TH FL.	
Title: Name: Address: City-St-Zip:	DAVIS, BONNI	ENUE, 6TH FLOOR	Title: Name: Address: City-St-Zip:	DAVIS, BON	AVENUE, 5TH FL.	
Title:	Р () Delete	Title:	Р	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MELVIN, JOSEPH M

529 5TH AVE. 6TH FL.

NEW YORK, NY 10017

SIGNATURE: BONNI G. DAVIS VS 04/08/2009

MELVIN, JOSEPH M

529 5TH AVE 4TH FL

City-St-Zip: NEW YORK, NY 10017

Name:

Address: