

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000011483

1. Entity Name

WORLD JEWELRY CENTER, INC.



Principal Place of Business

7480 W COMMERCIAL BLVD
FT LAUDERDALE FL 33319
US

Mailing Address

7480 W COMMERCIAL BLVD
FT LAUDERDALE FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0469184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESK, LEONARD CPA
7732 NW 78TH PLACE
TAMARAC FL 33321

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	PRESSER, CILA	
STREET ADDRESS	5507 N.W. 107 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHAKCHAKOV, MAGI	
STREET ADDRESS	5341 N.W. 46 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHICK, NANCY	
STREET ADDRESS	10156 N.W. 46 ST.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHICK, JAMIE	
STREET ADDRESS	2981 NOB HILL, #406	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000073237
CITY-ST-ZIP	03/02/04-80028-011 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #