

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 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**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1100000205697  
01/31/05-80055-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
PRESSER, CILA  
5507 N.W. 107 AVE  
CORAL SPRINGS, FL 33076**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CHAKCHAKOV, MAGI  
5341 N.W. 46 AVE  
CORAL SPRINGS, FL 33076**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
SCHICK, NANCY  
10156 N.W. 46 ST.  
PLANTATION, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
SCHICK, JAMIE  
2981 NOB HILL, #406  
SUNRISE, FL 33322**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #