

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90039 005 ***150.00

DOCUMENT # P94000094019					
1. Entity Name CONTINENTAL JEWELERS, INC.					
Principal Place of Business 232 SEYBOLD BLDG MIAMI, FL 33132			Mailing Address 232 SEYBOLD BLDG MIAMI, FL 33132		
2. Principal Place of Business 232 Seybold Bldg. Suite, Apt. #, etc. # 232		3. Mailing Address 232 Seybold Bldg. Suite, Apt. #, etc. # 232			
City & State Miami FL.		City & State Miami FL.		4. FEI Number 65-0542816	
Zip 33132		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENER, MARVIN I 2121 PONCE DE LEON BLVD SUITE 900 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SIMKOVIC, PHYLLIS STREET ADDRESS 2345 SW 23RD TER CITY-ST-ZIP MIAMI, FL 33145	☒ Delete		TITLE President NAME Simon Simkovic STREET ADDRESS 2345 SW 23 Ter. CITY-ST-ZIP Miami FL. 33145	☐ Change ☒ Addition	
TITLE VP/S NAME REVA, HANZMAN STREET ADDRESS 4910 SW 74TH TERRACE CITY-ST-ZIP MIAMI, FL 33143	☒ Delete		TITLE Secretary NAME Phyllis Simkovic STREET ADDRESS 2345 SW 23 Ter. CITY-ST-ZIP Miami FL. 33145	☐ Change ☒ Addition	
TITLE TRE NAME ZEFF, SINKOVIC STREET ADDRESS 7700 BW 53 TERRACE CITY-ST-ZIP MIAMI, FL 33143	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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:			1/30/06 305.372.4697		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		