

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000036943**

1. Entity Name  
**CARROLL'S JEWELERS OF CORAL GABLES, INC.**



Principal Place of Business  
**365 MIRACLE MILE  
CORAL GABLES, FL 33134**

Mailing Address  
**365 MIRACLE MILE  
CORAL GABLES, FL 33134**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0660014**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STRICKROOT, JOHN C  
100 S.E. 2ND STREET  
17TH FLOOR  
MIAMI, FL 33131**

**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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOORMAN, STEPHAN J
STREET ADDRESS	365 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	MOORMAN, JOY ANN
STREET ADDRESS	365 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VP
NAME	MAY, CHARLES
STREET ADDRESS	365 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000646095  
03/06/07-80017-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

Date

305 446 1611

Daytime Phone #