

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 033 ***150.00

DOCUMENT # P96000053468

1. Entity Name
R & J JEWELERS, INC.



Principal Place of Business
3300 NE 192ND ST #205
N MIAMI BEACH, FL 33180

Mailing Address
PO BOX 1804
HALLANDALE, FL 33008

40104868



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0761733
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

THIS SPACE

6. Name and Address of Current Registered Agent

BERKOWITZ, ROBERT
3300 NE 192ND ST #205
N MIAMI BEACH, FL 33180

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERKOWITZ, ROBERT
STREET ADDRESS	3300 NE 192ND ST #205
CITY-ST-ZIP	N MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

Date 4/30/08 Daytime Phone #