

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000076135

1. Entity Name
ROZ JEWELERS, INC.



FILED

07 AUG 10 PM 4:45

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1500 APALACHEE PARKWAY
GOV. SQUARE MALL - MILAN JEWELERS
TALLAHASSEE, FL 32301 US

Mailing Address
1500 APALACHEE PARKWAY
GOV. SQUARE MALL - MILAN JEWELERS
TALLAHASSEE, FL 32301 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3463893

Applied For
Not Applicable

Zip Country

Zip Country

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

WADHWANNIA, IRSHAD A
1500 APALACHEE PARKWAY
GOV. SQUARE MALL - MILAN JEWELERS
TALLAHASSEE, FL 32301

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CHARANIA, SALIM
STREET ADDRESS ~~501 BLAIR STONE RD, #125~~
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8000 N MERIDIAN RT ST. 252
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100108026531
CITY-ST-ZIP 08/14/07--01010--017 **600.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

08/08/07 801-785-1261