


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90072 024 \*\*\*150.00

**DOCUMENT # P98000012920**

1. Entity Name  
**BEN DAVID JEWELRY, INC.**



Principal Place of Business  
**1730 NW 107TH WAY  
PLANTATION, FL 33322**

Mailing Address  
**1730 NW 107TH WAY  
PLANTATION, FL 33322**

**40046627**



2. Principal Place of Business  
**10371 NW 11TH COURT**

3. Mailing Address  
**10371 NW 11TH COURT**

Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State  
**PLANTATION, FL**

City & State  
**PLANTATION, FL**

4. FEI Number  
**65-0811511**

Applied For  
☐ Not Applicable

Zip  
**33322**

Country  
**USA**

Zip  
**33322**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**BEWAYOUD, MORRIS  
1730 N.W. 107TH WAY  
PLANTATION, FL 33322**

7. Name and Address of New Registered Agent

Name  
**MORRIS BENAYOUN**

Street Address (P.O. Box Number is Not Acceptable)  
**10371 NW 11TH COURT**

City  
**PLANTATION**

FL Zip Code  
**33322**

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 **Monis Benayoun** **4/10/06**  
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, 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD BENAYOUN, MORRIS 10067 CLEARY BLVD., #299 FORT LAUDERDALE, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>10371 NW 11TH COURT PLANTATION, FL 33322</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Monis Benayoun** **4/10/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #