

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000052251

1. Entity Name
ZERAN JEWELERS, INC.



Principal Place of Business
**MIRACLE MILE PLAZA
630 21ST ST.
VERO BEACH, FL 32960**

Mailing Address
**MIRACLE MILE PLAZA
630 21ST ST.
VERO BEACH, FL 32960**

**FILED
Jan 24, 2006 8:00 am
Secretary of State**

01-24-2006 90015 023 ***150.00

40005428



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0938252	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZERAN, PAULETTE L
MIRACLE MILE PLAZA
630 21ST ST.
VERO BEACH, FL 32960**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME ZERAN, PAULETTE
STREET ADDRESS MIRACLE MILE PLAZA 630 21ST ST
CITY-ST-ZIP VERO BEACH, FL 32960

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: *Paulette Zeran Paulette Zeran Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-06 772-567-1100

Date

Daytime Phone #