2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079151

Entity Name: CERTIFIED JEWELERS REPLACEMENT SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
ALFRED A. DUPONT BLDG.,169 E. FLAGLER ST SUITE 620 MIAMI, FL 33131	

Current Mailing Address:	**New Mailing Address:**
P O BOX 160758 MIAMI, FL 33116	

FEI Number: 65-0945578   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WEGLARZ, PATRICK M 169 EAST FLAGLER STREET SUITE 620 MIAMI, FL 33131 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PTD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	WEGLARZ, PATRICK M	Name:	
Address:	169 EAST FLAGLER ST SUITE 620	Address:	
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:	

Title:	VSD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	WEGLARZ, ALYCE D	Name:	
Address:	169 EAST FLAGLER ST SUITE 620	Address:	
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALYCE D. WEGLARZ   VSD   03/18/2009

Electronic Signature of Signing Officer or Director   Date