

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000079151

**FILED**  
**Mar 18, 2012**  
**Secretary of State**

**Entity Name:** CERTIFIED JEWELERS REPLACEMENT SERVICES, INC.

**Current Principal Place of Business:**

36 N.E. 1ST ST., STE 834  
MIAMI, FL 33132

**New Principal Place of Business:**

36 N.E. 1ST ST.  
SUITE 834  
MIAMI, FL 33132

**Current Mailing Address:**

P O BOX 160758  
MIAMI, FL 33116

**New Mailing Address:**

**FEI Number:** 65-0945578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEGLARZ, PATRICK M  
36 N.E. 1ST ST., STE 834  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: WEGLARZ, PATRICK M  
Address: 36 N.E. 1ST ST., STE 834  
City-St-Zip: MIAMI, FL 33132

Title: VSD  
Name: WEGLARZ, ALYCE D  
Address: 36 N.E. 1ST ST., STE 834  
City-St-Zip: MIAMI, FL 33132

I hereby 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 all other like empowered.

SIGNATURE: ALYCE WEGLARZ

VSD

03/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date