

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S70463

I. Entity Name
GOLDEN JEWELERS, INC.



FILED
May 09, 2005 8:00 am
Secretary of State

04-12-2005 90139 021 ***150.00

Principal Place of Business
1710 N.W. 45TH STREET., #G11-12
WEST PALM BEACH, FL 33407

Mailing Address
1710 N.W. 45TH STREET., #G11-12
WEST PALM BEACH, FL 33407

66016564



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0288612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHEHAB, RIAD A
257 NW 35TH STREET
BOCA RATON, FL 33431-5831

**DO NOT WRITE
IN THIS SPACE**

I. 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCD
CHEHAB, RIAD A
257 NW 35TH STREET
BOCA RATON, FL 334315831

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CHEHAB, ASSAD
257 NW 35TH STREET
BOCA RATON, FL 334315831

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CHEHAB, ZAKIE
257 NW 35TH STREET
BOCA RATON, FL 334315831

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Riad A Chehab

RIAD A CHEHAB

5-6-05 (SW) 863-5635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #