

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # V02824

1. Entity Name
BURT'S JEWELERS, INC.



Principal Place of Business
**1676 NE MIA GARD DR.
N MIAMI BEACH, FL 33179**

Mailing Address
**1676 NE MIA GARD DR.
N MIAMI BEACH, FL 33179 US**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0302321

Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

**LIEBERMAN, EILEEN
1676 NE MIAMI GARDENS DR
N. MIAMI BEACH, FL 33179**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

1100000537545
05/09/06-80021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **LIEBERMAN, BURTON**
STREET ADDRESS **19900 NE 20 CT**
CITY-ST-ZIP **N MIAMI BEACH, FL 33179**

TITLE STD
NAME **LIEBERMAN, LLOYD**
STREET ADDRESS **20639 NE 25 AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE V
NAME **LIEBERMAN, LLOYD A.**
STREET ADDRESS **20639 NE 25TH AVE.**
CITY-ST-ZIP **MIAMI, FL**

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06
Date

Daytime Phone #