

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90029 043 ***150.00

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01302008 Chg-P CR2E034 (12/06)

DOCUMENT # V47463 1. Entity Name KINGS POINT JEWELERS, INC.					
Principal Place of Business 7480 W COMMERCIAL BLVD N LAUDERDALE, FL 33319 US			Mailing Address 7480 W COMMERCIAL BLVD N LAUDERDALE, FL 33319 US		
2. Principal Place of Business - No P.O. Box # 19275 BISCAYNE BLVD.		3. Mailing Address Suite, Apt. #, etc. # 34 INTERNATIONAL Jewelry Exchange			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 65-0359242	
Zip 33180		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAKCHAKOV, PINCHAS 7480 W COMMERCIAL BLVD N LAUDERDALE, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19275 BISCAYNE BLVD. (suite 34) INTERNATIONAL Jewelry Exchange City AVENTURA FL Zip Code 33180	
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 reconstituting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CHAKCHAKOV, PINCHAS 7480 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19275 BISCAYNE BLVD (suite 34) INTERNATIONAL Jewelry Exchange AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
Date Daytime Phone #					