

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V70738

CLASSIC JEWELERS INC



FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90015 014 ***150.00

Principal Place of Business

3202 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Mailing Address

3202 DEL PRADO BLVD
CAPE CORAL, FL 33904 US

60042000



12042008 No Clg-P CR2E054 (1906)

DO NOT WRITE IN THIS SPACE

4. POC Number
65-0363156

5. Certificate of Status: Correct ☐ \$8.75 Additional Fee Required

C. Name and Address of Current Registered Agent

PERSAUD, NADIRA D.
12911 EAGLE ROAD
CAPE CORAL, FL 33909DO NOT WRITE
IN THIS SPACE

I, the above named entity, authorize this statement for the purpose of showing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

BY ATTORNEY

Signature (Printed name of Registered Agent and POC) (Applicable)

Printed Name of Agent (Signature Required when Applicable)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

B. Election of Filing Method
Type: ☐ Full-Formal
Type: ☐ Expedited

\$5.00 May be
Added to Fee

OFFICERS AND DIRECTORS

NAME	PERSAUD, NADIRA D.
STREET ADDRESS	12911 EAGLE ROAD
CITY, ST, ZIP	CAPE CORAL, FL
NAME	PERSAUD, VIDIANAND
STREET ADDRESS	12911 EAGLE ROAD
CITY, ST, ZIP	CAPE CORAL, FL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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 constitute the filing of a false statement. I further certify that the information is true and correct, and that my signature is made under oath. I make 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 407, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, with all other lines shown above.

SIGNATURE:

Nadira P.M. Persaud

4-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR

DATE

CORPORATION #