



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 640650		
1. Entity Name JEWELERS INTERNATIONAL SHOWCASE, INC.		
Principal Place of Business 6421 CONGRESS AVE SUITE #105 BOCA RATON, FL 33487-2858 US	Mailing Address 6421 CONGRESS AVENUE SUITE #105 BOCA RATON, FL 33487-2858 US	

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1949278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
 2699 S. BAYSHORE DRIVE
 7TH FLOOR
 MIAMI, FL 33133

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DP BRESLOW, MICHAEL G 7427 SEDONA WAY DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KAPLAN, FRANK L 14000 SW 99TH COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELL, BRAD 1069 SCHERER WAY OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIMMER, LENNY 2212 GLENBROOK LAS VEGAS, NV 89117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGELMAN, ROBERT 673 DESTACADA AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/08-80015-025 158.75

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:  **Michael Breslow** 1/4/08 521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9580205
 President X9