

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 250867

FILED
Apr 01, 2009
Secretary of State

Entity Name: MAYOR'S JEWELERS OF FLORIDA, INC.

Current Principal Place of Business:

5870 N. HIATUS RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

5870 N. HIATUS RD.
TAMARAC, FL 33321

New Mailing Address:

1240 SQUARE PHILLIPS
MONTREAL, QC H3B 3H4 CA

FEI Number: 59-0975486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: KEIFER, JOSEPH A III
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: DIR () Delete
Name: RABINOVITCH, MICHAEL
Address: 5870 N. HITUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: PCEO () Delete
Name: ANDRUSKEVICH, THOMAS
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: EVP () Delete
Name: KEIFER, JOSEPH A III
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: SVP () Delete
Name: RABINOVITCH, MICHAEL
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: GVP () Delete
Name: MELFI, MIRANDA
Address: 1240 SQUARE PHILLIPS
City-St-Zip: MONTREAL, QC H3B 3H4 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: RABINOVITCH, MICHAEL
Address: 5870 N. HIATUS RD.
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRANDA MELFI

GVP

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date