

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 640650

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: JEWELERS INTERNATIONAL SHOWCASE, INC.

**Current Principal Place of Business:**

6421 CONGRESS AVE  
SUITE #105  
BOCA RATON, FL 334872858 US

**New Principal Place of Business:**

**Current Mailing Address:**

6421 CONGRESS AVE  
SUITE #105  
BOCA RATON, FL 334872858 US

**New Mailing Address:**

FEI Number: 59-1949278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPCO, INC.  
2699 S. BAYSHORE DRIVE  
7TH FLOOR  
MIAMI, FL 33133 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: DP  
Name: BRESLOW, MICHAEL G  
Address: 7427 SEDONA WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: DST  
Name: KAPLAN, FRANK L  
Address: 14000 SW 99TH COURT  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: MANDELL, BRAD  
Address: 1069 SCHERER WAY  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: SWIMMER, LENNY  
Address: 2212 GLENBROOK  
City-St-Zip: LAS VEGAS, NV 89117

Title: D  
Name: SPIEGELMAN, ROBERT  
Address: 673 DESTACADA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL G. BRESLOW

DP

01/08/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date