



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90025 004 ***150.00

DOCUMENT # 456248 1. Entity Name BIJOUX TERNER, INC.					
Principal Place of Business 6701 NW 7 ST STE 125 MIAMI, FL 33126 US			Mailing Address P.O. BOX 520687 MIAMI, FL 33152 US		
2. Principal Place of Business 6950 NW 77 CT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State 		4. FEI Number 59-1548183	
Zip 33166		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERNER, SALOMON 6701 NW 7 ST #125 MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D TERNER, SALOMON 6701 NW 7 ST MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6950 NW 77 CT MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPIR, ROSA TERNER 2901 S. BAYSHORE DRIVE APT. 9-B MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6950 NW 77 CT MIAMI, FL 33166	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ SALOMON TERNER 3/10/05 305-266 9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					