2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M86738			FILEU	
1. Entity Name JUST YOU INTERIORS, INC.			05 MAR 21 AM 11: 05	
0001 100 11121110110, 1110			05 MAR 21 MILL	
	AA-111 A -1 -1	900 W3 TH	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 843840XI21U NEWSU	Mailing Address 8492/0X/I21U INFASI]	TALLAHASSEE, FLORIDA	
Q.E.A.B.JPO!GJ/44424!!!!!IVT	ONBOTH PO! ON 1/442	4!!!!! ! VT		
7321 NW 10 CT. DIGNICTION , FL 33313	7321 NW 1	0 CT.		
2. Principal Place of Business	3. Mailing Address	1 10/5		
7321 NW 10CT · Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		
		,	03012005 Chg-P CR2E034 (10/03)	
DANTATION, FL	City & State, Dlantato		4. FEI Number Applied For 65-0066055 Not Applicable	
215 325/3 Country USA	27 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	USA .	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of New Registered Agent	
- CAUSA-DAWN	. <u> </u>	Name		
7321 NW 10TH COURT		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33313			7 273022 2.m.n. 10 10	
		City	FL Zip Code	
	ent for the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.		·		
SIGNATURE Signature, typed or printed name of registered	d agent and little if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$5			5.00 May Be	
· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS	Delete	THILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TT	
NAME CAUSA, DAWN		NAME		
STREET ADDRESS 7321 NW 10TH CT CHY-ST-ZIP PLANTATION, FL		STREET ADDRESS CITY-ST-ZIP	- ·	
TITLE	☐ Delete	TITLE	. Change Addition	
NAME		NAME		
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CHY-\$1-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	L_J Delete	NAME	☐ Change ☐ Addition	
NAME		HOME		
STREET ADDRESS		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	Could be filling of Alan and	STREET ADDRESS CITY-ST-ZIP	Contine 110 07/0/0 Floride Clauses	
STREET ADDRESS CITY-ST-ZIP	d with this filing poes not qualify for port is true and acculate and that memory and to this country.	STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an office or director.	
STREET ADDRESS CITY-ST-ZIP	d with this filing desphot qualify for port is true and acculate and that m emplowered to execute this report ress with all other like empowered.	STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplies indicated on this report or supplemental reof the corporation or the receiver or fustee changed, or on an attachment with an add	ed with this filing roes not qualify for port is true and acculate and that me emglowered to execute this report tress with all other like empowered.	STREET ADDRESS CITY-ST-ZIP the exemption stated in 1 ty signature shall have the as required by Chapter 6		
STREET ADDRESS CITY-ST-ZIP	od with this filing poes not qualify for port is true and acculate and that memorated by execute this report ress with all other like empowered.	STREET ADDRESS CITY-ST-ZIP the exemption stated in 3 signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	