

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 019 ***150.00

DOCUMENT # 456248

1. Entity Name
BIJOUX TERNER, INC.



Principal Place of Business
6950 NW 77 CT
MIAMI, FL 33126 US

Mailing Address
P.O. BOX 520687
MIAMI, FL 33152 US

2. Principal Place of Business
6950 NW 77 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip **33166** Country **MIAMI-Dade**

Zip Country

02142006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1548183** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 **SALOMON TERNER**
Street Address (P.O. Box Number is Not Acceptable)
6950 NW 77 CT
City **MIAMI** FL Zip Code **33166**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TERNER, SALOMON**
STREET ADDRESS **6950 NW 77 CT**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **S** ☐ Delete
NAME **PAPIR, ROSA TERNER**
STREET ADDRESS **6950 NW 77 CT**
CITY-ST-ZIP **MIAMI, FL**

TITLE **P** ☐ Delete
NAME **TERNER, SALOMON**
STREET ADDRESS **6950 NW 77 CT**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALOMON TERNER President 2/15/06

Date

Daytime Phone #

305
266-9000