


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 610799	
1. Entity Name BIJOUX, INC.	

Principal Place of Business 27001 US HWY 19 N SUITE 1030 CLEARWATER, FL 33761	Mailing Address 27001 US HWY 19 N SUITE 1030 CLEARWATER, FL 33761
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04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1977568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, WALTER L.
 2430 ESTANCIA BLVD
 SUITE 108
 CLEARWATER, FL 33761

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00


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

000000935088
 05/23/08-80058-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC CHANDIRAM, SARDJ 5233 ENCLAVE DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CHANDIRAM, NARI 5233 ENCLAVE DR OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS CHATANI, RAVI 5233 ENCLAVE DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **NARI.C. CHATANI** **4/29/08** **727-796-1267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #