

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003443

Entity Name: J CHOO FLORIDA, INC.

FILED
Aug 24, 2005
Secretary of State

Current Principal Place of Business:

C/O JIMMY CHOO
750 LEXINGTON AVENUE 16TH FL
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

C/O JIMMY CHOO
750 LEXINGTON AVENUE 16TH FL
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 42-1529385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BENSOUSSAN, ROBERT
Address: 750 LEXINGTON AVENUE 16TH FL
City-St-Zip: NEW YORK, NY 10022

Title: DVP () Delete
Name: MELLON, TAMARA
Address: 750 LEXINGTON AVENUE 16TH FL
City-St-Zip: NEW YORK, NY 10022

Title: ST () Delete
Name: EGANON, ALISON
Address: 750 LEXINGTON AVENUE 16TH FL
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALISON RUDY

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08/24/2005

Electronic Signature of Signing Officer or Director

_____ Date