


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F80526 1. Entity Name PAYLESS JEWELRY #3, INC. |  |
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| Principal Place of Business 945 WEST SUNRISE FORT LAUDERDALE, FL 33311 US | Mailing Address 8010 N UNIV. DR 2ND FLOOR FORT LAUDERDALE, FL 33321 |
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01072008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2493774 65-0003488 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FARBSTEIN, DAVID R 8010 N. UNIVERSITY DR. TAMARAC, FL 33321 |
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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) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS DIMATTINA, ROBERT A 14351 SUNSET LANE SOUTHWEST RANCHES, FL 33330 |
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01/17/08-80013-011 150.00

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:  **OFFICER** **1/12/08** **954 728 9390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #