2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K17444

1. Entity Name
J DESIGN, INC.

Principal Place of Business	Mailing Address
18200 N.W. 27TH AVE #152 MIAMI, FL 33056	4954 SHERATON ST. HOLLYWOOD, FL

DO NOT WRITE IN THIS SPACE

03092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0034175	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

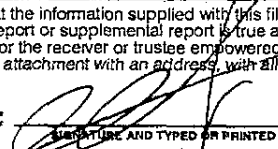**6. Name and Address of Current Registered Agent**

COHEN, JOSEPH
4954 SHERIDAN ST.
HOLLYWOOD, FL 33021

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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

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COHEN, ALIZA
STREET ADDRESS	4954 SHERIDAN ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

03/15/04-80098-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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   3-9-04 Date   954-966-7958 Daytime Phone #