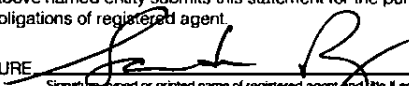
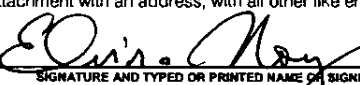


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 008 ***150.00

DOCUMENT # K19410 1. Entity Name JORDAL FASHIONS & DISCOUNT, INC.					
Principal Place of Business 3960 W, 16TH AVE., #206 HIALEAH, FL 33012			Mailing Address 3960 W, 16TH AVE., #206 HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0041049	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NOY, ELVIRA 9806 NW 80 AVE #12-B HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name PBSA Financial Services Corp. Street Address (P.O. Box Number is Not Acceptable) 174 NE 96th Street City Miami FL Zip Code 33138		
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  DATE 2/6/08 Signature typed or printed name of registered agent and, 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOY, ELVIRA 1363 W 43 PL HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOY, ELVIRA 1363 W 43 PL HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOY, ELVIRA 1363 W 43 PL HIALEAH, FL 33012	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOY, ELVIRA 1363 W 43 PL HIALEAH, FL 33012	☐ Delete			
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: 			2/6/08 305-758-1136		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		