

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043481

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** ORCHIDS BY JAMIE, INC.

**Current Principal Place of Business:**

8281 SW 128 ST  
#208  
MIAMI, FL 33156

**New Principal Place of Business:**

1455 NORTH TREASURE DRIVE  
#4-R  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

8281 SW 128 ST  
#208  
MIAMI, FL 33156

**New Mailing Address:**

1455 NORTH TREASURE DRIVE  
#4-R  
NORTH BAY VILLAGE, FL 33141

**FEI Number:** 65-1008632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, JAMIE H  
8281 SW 128 ST  
#208  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

ADAMS, JAMIE H  
1455 NORTH TREASURE DRIVE  
#4-R  
NORTH BAY VILLAGE, FL 33141 US

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: \_\_\_\_\_

03/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ADAMS, JAMIE H  
Address: 1455 NORTH TREASURE DRIVE #4-R  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby 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 all other like empowered.

SIGNATURE: JAMIE H. ADAMS

D

03/09/2010

Electronic Signature of Signing Officer or Director

Date