


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90523 043 ***150.00

DOCUMENT # P01000042783	
1. Entity Name J A S DESIGNS, INC.	

Principal Place of Business 8295 N MILITARY TRAIL SUITE G PALM BEACH GARDENS FL 33410	Mailing Address 8295 N MILITARY TRAIL SUITE G PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 6044 Seminole Gardens Circle	3. Mailing Address 6044 Seminole Gardens Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL	4. FEI Number 65-1120094	Applied For <input type="checkbox"/> Not Applicable
Zip 33418	Country Palm Beach	Zip 33418	Country Palm Beach
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVA, JULIANNE 251 BONNIE BOULEVARD #204B PALM SPRING FL 33461		7. Name and Address of New Registered Agent Name Silva, Julianne Street Address (P.O. Box Number is Not Acceptable) 6044 Seminole Gardens Circle City Palm Beach Gardens FL Zip Code 33411	
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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 *Julianne Silva* (NOTE: Registered Agent signature required when reinstating) DATE 4.21.04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, JULIANNE 251 BONNIE BOULEVARD, #204B PALM SPRINGS FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Silva, Julianne 6044 Seminole Gardens Circle Palm Beach Gardens, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Julianne Silva* 4.21.04 561.494.2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #