

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90045 039 ***150.00

DOCUMENT # P02000029281

1. Entity Name
JEANS R US, INC.



Principal Place of Business
**255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES, FL 33134**

Mailing Address
**255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES, FL 33134**

50018762



2. Principal Place of Business
131 Madeira Avenue

3. Mailing Address
131 Madeira Avenue

Suite, Apt. #, etc.
218

Suite, Apt. #, etc.
218

01312005 Chg-P CR2E034 (10/03)

City & State
Coral Gables, Fl

City & State
Coral Gables, Fl

4. FEI Number
75-3046385

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, ARMANDO
255 ALHAMBRA CIRCLE, SUITE 720
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
CHEJA, ALFREDO
Street Address (P.O. Box Number is Not Acceptable)
131 Madeira Avenue Suite 218
City
Coral Gables, FL Zip Code
33134

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTV
CHEJA, ALFREDO
255 ALHAMBRA CIR., #720
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTV
CHEJA, ALFREDO
131 Madeira Avenue # 218
Coral Gables, Fl 33134** ☒ Change ☐ Addition

TITLE...
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEJA, SION
131 Madeira Avenue #218
Coral Gables, Fl 33134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/05 305-450 6082