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.

50018762

01312005 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
131 Madeira Avenue	131 Madeira Avenue
Suite, Apt. #, etc. 218	Suite, Apt. #, etc. 218
City & State Coral Gables, Fl	City & State Coral Gables, Fl
Zip / Country 33134 / USA	Zip / Country 33134 / USA

4. FEI Number
75-3046385
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, ARMANDO 255 ALHAMBRA CIRCLE, SUITE 720 CORAL GABLES, FL 33134	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	PSTV CHEJA, ALFREDO 131 Madeira Avenue # 218 Coral Gables, Fl 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE... / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEJA, SION 131 Madeira Avenue #218 Coral Gables, Fl 33134	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 1/21/05 305-450 6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #