2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000058089

1. Entity Name

DETRA KAY JEWELRY DESIGN, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

422 7TH STREET

UNIT # 4

WEST PALM BEACH, FL 33401

Mailing Address

422 7TH STREET

UNIT # 4

WEST PALM BEACH, FL 33401



DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2

CR2E034 (11/05)

 FEI Number 03-0449706 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. N	ame and	Address of Curren	t Registered Agent

KAY, DETRA 2504 EMBASSY DRIVE WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

		1					
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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE	PD						
NAME	KAY, DETRA						
STREET ADDRESS	2504 EMBASSY DRIVE						
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		ŕ		U00000921067		
TITLE	STCF				05/14/08-80068-019 150.00		
NAME	KAY, HOWARD						
STREET ADDRESS	2504 EMBASSY DRIVE	1					
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	i					
	11207 1120 02707						
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT WRITE		
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TITLE							
NAME							
STREET ADDRESS							
CITY-ST-7IP		ľ					

12. I hereby certify that the information supplied with this filling 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 685-5766