2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133248

1. Entity Name

THE WORLD OF JIMMY STAR, INC.



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

110 EAST BROWARD BLVD

#1700

FORT LAUDERDALE, FL 33301

Mailing Address

110 EAST BROWARD BLVD #1700 FORT LAUDERDALE, FL 33301



DO NOT WRITE IN THIS SPACE 04262008

 04262008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, PETER A
5295 TOWN CENTER ROAD
SUITE 300
BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bo	th, in the State of Flo	ida. I am familiar with	, and accer
SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable. (NOTE: Registered	Agent signature (equired when reinstating)		DATE	·
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing 🔲	\$5.00 May Be Added to Fees	U0000093276 /22/08-80066	7 6-024 150.00	
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12. I nereby certify that the information supplied with this filing 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 in chapter 119, and 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 in the corporation of the corporatio

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