04-25-2006 03:51PM

2006 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90191 024 ***150.00

DOCUMENT # P03000028240

1. Entity Name

J'S JEWELRY, INC.

DO NOT WRITE IN THIS SPACE

40079353

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2. Principal Place of Business	3. Mailing Address
2503 N. MAIN ST.	2503 N. MAIN ST
Suite, Apt. #, etc: STE 2	Suite, Apt. #, etc: STE 2
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32206 Country: USA	Zip: 32206 Country: USA

4. FEI Number: 90-0087922 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: YOSEF COHEN

Street Address (P.O. Box Number is Not Acceptable): 2503 N. MAIN ST

STE 2

City: JACKSONVILLE FL Zip Code: 32206

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P D	TITLE	
NAME	YOSEF COHEN	NAME	
STREET ADDRESS	2503 N. MAIN ST STE 2	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: YOSEF COHEN [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #