## 2007 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 25, 2007 8:00 am Secretary of State

DOCUMENT # P 030000 28240 1. Entity Name				05-25-2007 90026 010 ***150.00	
J'S JEWELRY INC					
	DO NOT WRITE	IN THIS SPA	ACE		
2. Principal Place of Business  1440 DUHH AVE  Suite, Apt. #, etc.  STE 29  3. Mailing Address 1440 DUHH AVE Suite, Apt. #, etc.  STE 29			50001591 DO NOT WRITE IN THIS SPACE		
City & State JACK		City & State  JACKSONVI	LLE FL	4. FEI Number 90 - 008 7 9 2 2	Applied For Not Applicable
<sup>Zip</sup> 3 2 2		32218	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Register	red Agent
· ·			Name Yo.	SEF COHEN	
DO NOI VVRILE Street Address (			s (P.O. Box Number is Not Acceptable)	· ·	
	IN THIS SP	ACE :	ST	£ 29	
		•	City JP	CKSOHVILLE F	L Zip Code
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE. R	logistered Agent signature requi	red when reinstating) DATE	
9. This corporation is digible to satisfy its Intangible After May 1. Fee is \$150.00  After May 1. Fee is \$550.00  Amended UBR is \$61.25  (See criteria on back)  Make Check Payable to Department of State				· ·	
Tax filing re	equirement and elects to do so.	After May 1, Amended I	Fee is \$550.00 UBR is \$61.25		\$5.00 May Be Added to Fees
Tax filing re (See criter	equirement and elects to do so.	After May 1, Amended t Make Check Payable	Fee is \$550.00 UBR is \$61.25 to Department of S	Trust Fund Contribution.	
Tax filing re (See criter 11.	equirement and elects to do so. is on backy   OFFICERS AND I	After May 1, Amended t Make Check Payable	Fee is \$550.00 UBR is \$61.25	Trust Fund Contribution.	
Tax filing re (See criter	equirement and elects to do so. is on backy  OFFICERS AND I  P  YOSEF COHEN	After May 1, Amended t Make Check Payable DIRECTORS	Fee is \$550.00 UBR is \$61.25 to Department of S	Trust Fund Contribution.	
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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 inquired 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

1 Am

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