

2007

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90034 003 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000086217					
1. Entity Name Jona Fashion Beauty Center, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2420 N.W. 27th Ave. Suite, Apt. #, etc.			3. Mailing Address 2420 N.W. 27th Ave. Suite, Apt. #, etc.		
City & State Miami, FL Zip 33142-7234		Country USA		4. FEI Number 54-2124853.	
City & State Miami, FL Zip 33142-7234		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Santos, Jose M.	
				Street Address (P.O. Box Number is Not Acceptable) 6640 West 24th Ct.	
				Apt. 101	
				City Hialeah	
				FL Zip Code 33016	
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D/P Nunez, Simona 6640 West 24th Ct., Apt. 101 Hialeah, FL 33016		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D/T/S Santos, Jose M. 6640 West 24th Ct., Apt. 101 Hialeah, FL 33016		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Simona Nunez</u> Simona Nunez 4-10-07 305-634-5397					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)