## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 01, 2008 8:00 am Secretary of State

05-01-2008 90213 024 \*\*\*150.00

DOCI	IN	<b>JENT</b>	#	P05000113451	1
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- 1. Entity Name
- J. I. FASHION WORLD INC.



Principal Place of Business

5834 NORMANDY BLVD JACKSONVILLE, FL 32205 Mailing Address

4401 EMERSON STREET

JACKSONVILLE, FL 32207

40089903



04182008

No Chg-P

CR2E034 (11/05)

Fee Required

4. FEI Number		1	Applied For
20-3315478		[	Not Applicable
5. Certificate of Status Desired	П	\$8.75	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAN, SARA H 4401 EMERSON ST

DO NOT WRITE IN THIS SPACE

JACKSON	VILLE, FL FL			117 111	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHON, SANG W 5834 NORMANDY BLVD JACKSONVILLE, FL 32205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. **	·*.	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			` <u> </u>	DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	IIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			,***;	22	
TITLE NAME STREET-ADDRESS	g mg	به بر	t	The second secon	

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SANGWOOK CHON