2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State

05-21-2008 90025 004 ***150.00

DOCUMENT # P06000120687 1. Entity Name FS JULES, INC.						05-21-2008 90025 004 ***150.00				
Principal Place of Business 2918 N STATE RD 7 MARGATE, FL 33063 Margate, FL 33063 Margate, FL 33063			,							
Principal Place of Business - No P.O. Box # 3. Mailing Address 29 8 1) 84					ad 7					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	twi Chw	1	02202008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State Fre		4. FEI Number 32-0181875			,	———	oplied For of Applicable	
Zip	Co	untry	33063	Contry US	SA	5. Certificate of	of Status Desire	d 🗖 _	\$8.75 Add Fee Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name Value					
SZABO, JULIENNÉ 6730 NW 7TH CT					Street Address P.O. Boy Number, is Not Acceptable 2007					
MARGATE, FL 33063					918	<u>N:</u> \$	tute	ICHO		=
					uan	gate	<u></u>	FL	Zin Con	563
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 Signature (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees										
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS	HANGES TO C	FFICERS AND		
TITLE NAME	PST Delete TITLE SZABO, JULIENNE NAME				July	LIENNE	Kenne	ecoad 7	☐ Change 7	☐ Addition
STREET ADDRESS CITY-ST-ZIP	SS 6730 NW 7TH CT STR MARGATE, FL 33063 CID				m	118 N 3	Ture 1	220/02		
TITLE	V Delete TITLE				 '''	u i garc ,		DOUB	☐ Change	☐ Addition
NAME STREET ADDRESS	KENNEDY, KARL M NAI 780 NE 69 ST., #1109 STF									
CITY-ST-ZIP	MIAMI, FL 33138 CITY									
TITLE NAME	☐ Delete TITLE NAME								Change	Addition
STREET ADDRESS ST										
CITY-ST-ZIP TITLE			☐ Delete	CITY-ST-ZIP	ļ				Change	Addition
NAME			□ Déteté	NAME					☐ Change	☐ Auditoii
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CITY-ST-ZIP				CITY-ST-ZIP						
TITLE NAME			☐ Delete	title Namé					☐ Change	Addition .
STREET ADDRESS CITY-ST-21P	1			STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 trueted 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 oddress, with all other like empowered.										
Indicated	d on this report or su	ipplemental report i	is true and accurate and that my	signature shall	have the	same legal effect	as if made und	er oath; that I a	m an officer	or director
of the co changed	d on this report or surporation or the record, or on an attachmen	ipplemental report eiver or trusteelemp nt with an address,	is true and accurate and that my powered to execute this report a with all other like empowered.	y signature shall s required by Ch	have the s napter 607	same legal effect . Florida Statutes	as if made und ; and that my no	er oath; that I a	m an officer Block 10 or	or director r Block 11 if