

2007

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

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 025 ***150.00

DOCUMENT # P06000155367 1. Entity Name Jones Direct Corp.															
DO NOT WRITE IN THIS SPACE															
2. Principal Place of Business 6501 Main St. <small>Suite, Apt. #, etc.</small> Suite 102 <small>City & State</small> Miami Lakes, FL <small>Zip Country</small> 33014-2250 USA			3. Mailing Address 6501 Main St. <small>Suite, Apt. #, etc.</small> Suite 102 <small>City & State</small> Miami Lakes, FL <small>Zip Country</small> 33014-2250 USA												
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			4. FEI Number 20-8586478		<table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable								
Applied For															
Not Applicable															
			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 <table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Jones, Jose J.</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">6501 Main St.</td> </tr> <tr> <td style="padding: 2px;">Apt. 102</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">Miami Lakes</td> </tr> <tr> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">33014</td> </tr> </table>		Name	Jones, Jose J.	Street Address (P.O. Box Number is Not Acceptable)	6501 Main St.	Apt. 102	City	Miami Lakes	FL	Zip Code	33014
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>															
January 1 - May 1 Fee is \$160.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>												
10. OFFICERS AND DIRECTORS															
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Jones, Carlos A. 6501 Main St., Apt. 102 Miami Lakes, FL 33014	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>CARLOS A. JONES</u> Carlos A. Jones 305-726-8417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>															