

2008

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

**FILED  
May 16, 2008 8:00 am  
Secretary of State**

05-16-2008 90022 036 \*\*\*150.00

<b>DOCUMENT #</b> P06000155367
<b>1. Entity Name</b> Jones Direct Corp.

DO NOT WRITE IN THIS SPACE

40103315

<b>2. Principal Place of Business</b> 6501 Main St. Suite, Apt. #, etc. Suite 102 City & State Miami Lakes, FL Zip 33014-2250	<b>3. Mailing Address</b> 6501 Main St. Suite, Apt. #, etc. Suite 102 City & State Miami Lakes, FL Zip 33014-2250
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-8586478	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>	
Name Jones, Jose J.	
Street Address (P.O. Box Number is Not Acceptable) 6501 Main St.	
Apt. 102	
City Miami Lakes	Zip Code FL 33014-6868

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Jones, Carlos A. 6501 Main St., Apt. 102 Miami Lakes, FL 33014	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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:

Carlos A. Jones

4/24/08

305-726-8417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #