


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000095202 1. Entity Name JS IMPORTS, INC.	
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Principal Place of Business 581 S MILITARY TRAIL W. PALM BEACH, FL 33415 US	Mailing Address 551 S MILITARY TRAIL SUITE 6 W. PALM BEACH, FL 33415 US
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07142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0634169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JAMES R ONE HARMON PLAZA, 9TH FLOOR SECAUCUS, NJ 07096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURNICK, ROBERT H 13400 OUTER DRIVE WEST DETROIT, MI 482394001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSO, GLENN 551 SOUTH MILITARY TRAIL SECAUCUS, FL 07096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, JAMES R ONE HARMON PLAZA, 9TH FLOOR SECAUCUS, NJ 07096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURNICK, ROBERT H 13400 OUTER DRIVE WEST DETROIT, MI 482394001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DIFEO, SAM X JR 375 PARK AVE 11TH FL NEW YORK, NY 10152

U00000172108
03/10/04-80003-012 150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Morrow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-04

Date

248 648 2534

Daytime Phone #