


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90070 004 ***150.00

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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DO NOT WRITE IN THIS SPACE



04252005 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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 2555 Telegraph Rd 13400 OUTER DRIVE WEST DETROIT, MI 48239-4001 Bloomfield Hills, mi 48302
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 2555 Telegraph Rd. 13400 OUTER DRIVE WEST DETROIT, MI 48239-4001 Bloomfield Hills, mi 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DIFEO, SAM X JR One Harmon Pk22, 9th Fl 375 PARK AVE 11TH FL NEW YORK, NY 10152 Secaucus, NJ 07096

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

SIGNATURE: M. J. De 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #