


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000033022</b> 1. Entity Name <b>JEFFREY - MARIE, INC.</b>	
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Principal Place of Business <b>3720 S DIXIE HWY</b> <b>WEST PALM BEACH, FL 33405 US</b>	Mailing Address <b>3720 S DIXIE HWY</b> <b>WEST PALM BEACH, FL 33405 US</b>
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DO NOT WRITE IN THIS SPACE

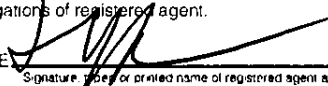


06172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0670554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BRAMS, WARREN B ESQUIE</b> <b>1645 PALM BEACH LAKES BLVD</b> <b>SUITE 680</b> <b>WEST PALM BEACH, FL 33401</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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:  DATE: 7/20/08

(NOTE: Registered Agent signature required when re-registering)

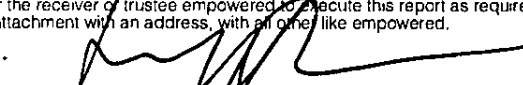
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS --	
TITLE	DP
NAME	RAPHAEL, JEFFREY
STREET ADDRESS	3720 S. DIXIE HIGHWAY
CITY - ST - ZIP	WEST PALM BECH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000956479  
07/28/08-80004-023 550.00

12. I hereby certify that the information supplied with this filing 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 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:  DATE: 7/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #