

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000049169

1. Entity Name
#1 JEWELRY, INC



Principal Place of Business
1710 W. 45TH STREET
SUITE Q5 & Q6
WEST PALM BEACH, FL 33407

Mailing Address
1710 W. 45TH STREET
SUITE Q5 & Q6
WEST PALM BEACH, FL 33407



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0922584
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIM, TAE H
1710 W. 45TH STREET
SUITE Q5 & Q6
WEST PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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] 4/29/08
Signature, typed or printed name of registered agent and officer or director. (NOTE: Registered agent signature required when changing agent.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000944242
05/29/08-80092-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIM, TAE H
STREET ADDRESS	8 SHELDRAKO LN
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	SD
NAME	KIM, YOU S
STREET ADDRESS	8 SHELDRAKE LN
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature