2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## DOCUMENT # P97000012482 **FILED** 1. Entity Name Aug 06, 2008 08:00 AM Secretary of State JEWEL EQUITIES CORPORATION Mailing Address Principal Place of Business 8473 BAY COLONY DR 8473 BAY COLONY DR NAPLES FL 34108-0728 NAPLES FL 34108-0728 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) Applied For City & State City & State 4. FEI Number 59-3431994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAHN, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 8473 BAY COLONY DR #2001 NAPLES FL 34108 Zip Code City 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. DATE Signature, typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE TITLE ☐ Delete NAME U00000957149 NAME HAHN, RICHARD F 08/06/08-80001-015 550.00 STREET ADDRESS STREET ADDRESS 8473 BAY COLONY DR #2001 CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Addition Delete Change TITLE TITLE HAME NAME HAHN, GINA D STREET ADDRESS 8473 BAY COLONY DR #2001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Addition ☐ Change TITLE TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

SIGNATURE: Kultary Dah RINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR