


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # K70455
 1. Entity Name
 JED PROPERTIES, INC.



Principal Place of Business 110 E ATLANTIC AVE 330 DELRAY BEACH, FL 33444	Mailing Address 110 E ATLANTIC AVE 330 DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0117033	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
 ARLEN, ROBERT M., ATTORNEY AT LAW
 110 E ATLANTIC AVE # 330
 DELRAY BEACH, FL 33444

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 _____ U00000588540
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 01/17/07 80072-007 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SUGARMAN, RUBIN 4780 EXETER ESTATE LANE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SUGARMAN, ESTELLE 4780 EXETER ESTATE LANE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUGARMAN, DEBRA 22 GREENDALE AVE NEEDAM, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 X Rubin Sugarm 1/12/07 561-433-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #