


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006217

1. Entity Name
JULES AND ASSOCIATES, INC.



Principal Place of Business: **515 S. FIGUEROA ST., SUITE 1950
 LOS ANGELES, CA 90071**

Mailing Address: **515 S. FIGUEROA ST., SUITE 1950
 LOS ANGELES, CA 90071**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4360586** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVE.
 TALLAHASSEE, FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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	PDS BUENABENTA, JULES 515 S FIGUEROA ST STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MONROE, SCOTT C 515 S FIGUEROA ST STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BEHAR, MICHAEL 515 S. FIGUEROA STREET STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAURIELLO, JOSEPH P. 515 S. FIGUEROA STREET STE 1950 LOS ANGELES, CA 90071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000223930
 02/10/05-80066-001.150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

SIGNATURE: _____ Date: **1/20/05** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR