


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**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



01122007 No Chg-P CR2E034 (11/05)

**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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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, 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	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	

000000603165  
01/29/07-80002-018 150.00

**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: \_\_\_\_\_ Date: 1-22-07 Daytime Phone #: (213) 362-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR