2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H10740

1. Entity Name

JEWEL ENTERPRISES, INC.



Principal Place of Business

541 SOUTH STATE ROAD 7

CTE 1

MARGATE, FL 33068 US

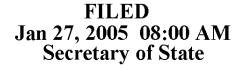
Mailing Address

541 S. STATE ROAD 7

STE 1

DO NOT WRITE IN THIS SPACE

MARGRATE, FL 33068 US





01242005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2496211

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fée Required

6. Name and Address of Current Registered Agent

FEDELE, CARL 4520 NW 41ST ST FORT LAUDERDALE, FL 33319

DO NOT WRITE IN THIS SPACE

				IIV	I NIS SPACE
8. The above the obligat	named entity submits this statement for the p lons of registered agent.	urpose of changing its register	ed office or a	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	fapplicable. (NOTE Registere	d Agent stansture	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEDELE, CARL {541 S ST 7 STE 1 MARGARE, FL	-			01/27/05-80063-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEDELE, ALICE 4520 N.W. 41ST STREET FORT LAUDERDALE, FL 33319				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

gry-117-800/

Daylime Phone #