

**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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117033	Applied For <input type="checkbox"/> 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

U00000588540
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	DVP
NAME	SUGARMAN, RUBIN
STREET ADDRESS	4780 EXETER ESTATE LANE
CITY-STATE-ZIP	LAKE WORTH, FL

TITLE	DST
NAME	SUGARMAN, ESTELLE
STREET ADDRESS	4780 EXETER ESTATE LANE
CITY-STATE-ZIP	LAKE WORTH, FL

TITLE	DP
NAME	SUGARMAN, DEBRA
STREET ADDRESS	22 GREENDALE AVE
CITY-STATE-ZIP	NEEDHAM, MA

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 *Rubin Sugarm*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 561-433-0007
Date Daytime Phone #