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ANNUAL REPORT				Mar 07, 2005 08:00 AM		
DOCUMENT # L02000022851				Secrei	tary of State	
1. Entity Name JEWEL BRAND, LLC						
00.000	NAME, LEO					
Principal Plac	te of Business	Mailing Address			-	
29 STAR ISL	AND DRIVE	29 STAR ISLAND DRIVE				
Miami Beac	H, FL 33139	MIAMI BEACH, FL 33139		a rwallway mal matem limte mails awall watti		
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_ <u>L</u>	N ION WHI	TE IN THIS SPA		4. FEI Number 04-3714310	Applied For Not Applicable	
		 (1) The Section (1) The Section (1) (A The Section (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Ci	urrent Registered Agent		المراجع المراع	Fee Required	
AMEDICA				DO NOT W		
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE. 28TH FLOOR MIAMI, FL 33131				DO NOT WI	and the second of the second o	
			IN THIS SPACE			
8. The above	named entity submits this statentions of registered agent.	nent for the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept	
}	ions of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Ag				when reinstating)	DATE ,	
<u>F</u>	iling Fee is \$50.00					
U	ue by May 1, 2005			·		
9. TITLE	MANAGING M	MEMBERS/MANAGERS	<u></u>	روف آمهن شورون بهداري دران الهياري المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم المراجع المراجع	and the second	
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NAME STREET ADDRESS	JEWEL TRUST, LLC 29 STAR ISLAND DR		1			
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CITY-\$Y-ZIP			a or pathweight in an argue	A CONTRACTOR OF THE PROPERTY O	K. Alagoria (1949) Alagoria (1949) Alagoria (1949) Alagoria (1949)	
ROF			-	• •		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the jeceiver or most as ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND DIPED OR PRINTED NAME OF STUDING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

Daytime Phone #