
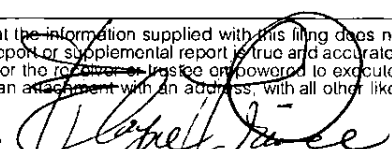


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90010 048 ***150.00

DOCUMENT # L87708 1. Entity Name JEWEL ASSOCIATES, INC.			
Principal Place of Business C/O SANCTUARY OF BOCA 4400 N FEDERAL HWY BOCA RATON FL 33068 US		Mailing Address C/O SANCTUARY OF BOCA 4400 N FEDERAL HWY BOCA RATON FL 33431 US	
2. Principal Place of Business - No P.O. Box # 100 E. LINTON BLVD. Suite, Apt. #, etc. 503A		3. Mailing Address 100 E. LINTON BLVD Suite, Apt. #, etc. 503.A	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL	
Zip 33483		Zip 33483	
Country FL		Country FL	
6. Name and Address of Current Registered Agent PRINCE, ELAYNE 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PRINCE, ALLEN 626 BOCA MARINA CT BOCA RATON FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SVD PRINCE, ELAYNE 626 BOCA MARINA CT BOCA RATON FL	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registered agent 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: 		1/18/07 561 394 8999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	