

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90024 017 ****50.00
03-10-2008 90059 037 ***100.00

DOCUMENT # L87708 1. Entity Name JEWEL ASSOCIATES, INC.					
Principal Place of Business 100 E LINTON BLVD 503A DELRAY BEACH FL 33483 US			Mailing Address 100 E LINTON BLVD 503A DELRAY BEACH FL 33483 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0291130				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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 FL Zip Code		
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 state if applicable. NOTE: Registered Agent signature required when transferring.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PRINCE, ELAYNE 626 BOCA MARINA CT BOCA RATON FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
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 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: <u>Allen Prince</u> <u>1/31/08</u> <u>561-349-8999</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					