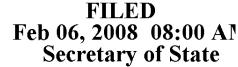
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P01000029992 1. Enlity Name



JEWEL MART, INC.							
Principal Place of Business 50 NW 43RD PLACE, #5 MIAMI FL 33126		Mailing Address 50 NW 43RD PLACE, #5 MIAMI FL 33126					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc		1st MOORE CR2E034 (10/07)			
City & State		City & State		4. FE Numb	4. FEI Number 65-1115587 Applied For Not Applied be		
Ζφ	Country	Z _i p	Country	5. Certificate		\$8.75 Additional see Required	
***************************************	6. Name and Address of Current I	Registered Agent		7. Name and	d Address of New Registered A	gent	
			Name	Name			
MARTINEZ, KARINA 8415 SW 107 COVE #313 W MIAMI FL 33173		Street Address		P O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or registi	ered agent, or bo	oth, in the State of Florida I am f	amiliar with, and accep	
SIGNATURE	Signature, typed or printed name of registrated agent a	rvitte Langicacia (NOTE)	Registered Agent a grantum raquin	en whom reinnightings	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be S550.00 k Payable to Florida Department of				Election Campaign Financia Trust Fund Centribution.	sg \$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITEF NAME STREET ADDRESS CITY- ST- ZI?	DP MARTINEZ, KARINA 8415 SW 107 AVE., #313 W MIAMI FL 33173	☐ De cte	TITLE NAME STREFT ADDRESS CITY-ST-ZIP			Change Additio	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DT MARTINEZ, MIRNA 50 NW 43RD PLACE, #5 MIAMI FL 33126	□ De-ele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000817258	☐ Change ☐ Additio	
TOLE	DS	☐ De∙ete	IULTE		02/14/08-80085-01	i dhange UU Addino	
NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, ROXANA 50 NW 43RD PLACE, #5 MIAMI FL 33126		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De ete	TIFLE HAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
HTLE NAME STREET ADDRESS CITY-ST-ZIP		□ De-ele	ITTLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST+ZIP		□ De els	TITLE NAME SIREET ADDRESS CITY-ST ZIP			Change Addition	

12. Thereby 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 eath; that I am an efficer 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.

MIRNA HARTINEZ