

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066781

Entity Name: JEWEL DOCTOR, INC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

11401 PINES BLVD.
270
PEMBROKE PINES, FL 33026

Current Mailing Address:

11401 PINES BLVD.
270
PEMBROKE PINES, FL 33026

New Principal Place of Business:

10011 PINES BLVD
203A
PEMBROKE PINES, FL 33026

New Mailing Address:

10011 PINES BLVD
203A
PEMBROKE PINES, FL 33026

FEI Number: 90-0148412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENZA, PAUL
11401 PINES BLVD.
270
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

CLEMENZA, PAUL
10011 PINES BLVD
SUITE 203A
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: PAUL CLEMENZA

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLEMENZA, PAUL
Address: 11401 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLEMENZA, PAUL
Address: 10011 PINES BLVD SUITE 203A
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CLEMENZA

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date