


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90024 030 ***150.00

DOCUMENT # P04000172103	
1. Entity Name INTERIOR JEWELS, INC.	

Principal Place of Business 202 SOUTH OLIVE STREET WEST PALM BEACH, FL 33401	Mailing Address 951, NW 11TH COURT BOCA RATON, FL 33486
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2. Principal Place of Business 202, SOUTH Olive Ave	3. Mailing Address 202, S. Olive Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

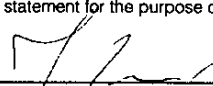
City & State WEST Palm Beach	City & State WEST Palm Beach
Zip 33401	Country PALM BEACH
Zip 33401	Country PALM BEACH



07102006 Chg-P CR2E034 (11/05)

4. FEI Number 05-0614089		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOURI, ABDERRAHMANE 951, NW 11TH COURT BOCA RATON, FL 33486		
7. Name and Address of New Registered Agent Name Abderrahmane HOURI Street Address (P.O. Box Number is Not Acceptable) 202, South Olive Ave City WEST PALM BEACH FL Zip Code 33401		

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  (NOTE: Registered Agent signature required when reinstating) DATE **07.10.06**

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOURI, ABDERRAHMANE 951 NW 11TH CT BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOURI Abderrahmane 202, South Olive Ave WEST Palm BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Chapter 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:  **07.10.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom It May concern

ATTACHMENT

20048885

#P04000172103

Please be informed that I did not
receive the notice about the
payment deadline.

So, I am asking you to waive
the late fee charge.

Thank you for your time and
your understanding.

A. Hauri

