


FILED  
Jun 13, 2007 8:00 am  
Secretary of State

05-22-2007 90014 030 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

5/

<b>DOCUMENT # P06000040682</b>			
1. Entity Name <b>JEWEL SERVICES, INC.</b>			
Principal Place of Business <b>1318 AVOCADO ISLE FT LAUDERDALE, FL 33315</b>		Mailing Address <b>1318 AVOCADO ISLE FT LAUDERDALE, FL 33315</b>	
2. Principal Place of Business - No P.O. Box # <b>1216 MANDARIN ISLE</b>		3. Mailing Address <b>1216 MANDARIN ISLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>	
Zip <b>33315</b>	Country <b>USA</b>	Zip <b>33315</b>	Country <b>USA</b>
4. FEI Number <b>20-4576806</b>		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 <b>MCDANIEL, JULIE 1318 AVOCADO ISLE FT LAUDERDALE, FL 33315</b>		7. Name and Address of New Registered Agent Name <b>MCDANIEL, DARREL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1216 MANDARIN ISLE</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33315</b>	
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 <u><i>Julie McDaniel - Director</i></u> DATE <u>5/14/07</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on this statement)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, JULIE 1318 AVOCADO ISLE FT LAUDERDALE, FL 33315 <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
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 the empowered.			
SIGNATURE: <u><i>Julie McDaniel Director</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/14/07</u> 954-600-0714 <small>Date Daytime Phone #</small>	