2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AM Secretary of State

ANNUAL REPORT					C		
DOCUMEI 1. Entity Name JULE'S GEMS	NT # P950000417 , INC.	'46			50	ecretary of State	
Principal Place of Bur 5109 COCONUT CRI MARGATE, FL 3306	EEK PKWY.	Mailing Address 5109 COCONUT CREEK PKWY. MARGATE, FL 33063		1 115(15)	IT KUNU SIIN ESIIN SUUN S	ENT BANK ON DE NERK KOEN DIE ENNEET IN 1801	
	NOT WRITE		CE	01162007 4. FEI Numb 65-058	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSER, THOMAS EA, PA 1323 LYONS ROAD COCONUT CREEK, FL 33063				DO NOT WRITE IN THIS SPACE			
the obligations of SIGNATURE	registered agent.			istered agent, or be	oth, in the State of F	Plorida. I am familiar with, and accept	
- FILE NO	will .FEE IS \$150.00	9. Election Campaign Fina	ncing _	\$5.00 May Be Added to Fees			
STREET ADDRESS CITY-ST-ZIP MAR TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI ONA, DORA I COCONUT CREEK PKWY. IGATE, FL 33063	RECTORS	-		U00000 02/28/07- NOT V THIS S		
TITLE NAME STREET ADDRESS							

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 fike empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME - .

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEDOM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/0

Daylime Phone #