## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000059898

1. Entity Name

JUSTINEL INVESTMENT CORP.



FILED
May 11, 2007 08:00 AM
Secretary of State

Daytime Phone #

Principal Place of Business

Mailing Address

9811 SW 40TH STREET MIAMI, FL 33165

9811 SW 40TH STREET MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
77-0601714	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

JUSTINIANI, ELISEO 9811 SW 40TH STREET MIAMI, FL 33165

SIGNATURE

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	surpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	DATE				
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTINIANI, ELISEO 9811 SW 40TH STREET MIAMI, FL 33165				U00000763789
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/30/07-80029-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR