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SIGNATURE:

Apr 27, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000034899 04-27-2006 90185 022 ***150.00 JULIANO ENTERPRISES, INC. 40000---Principal Place of Business Mailing Address 2131 DISCOVERY CIRCLE WEST 2131 DISCOVERY CIRCLE WEST DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 314 E.195 Dlas BIVD LAS DIASBIND 04252006 CR2E034 (11/05) Cha-P # 70 Ħ City & State Applied For City & State 4. FEI Number ·lauderdalf Ħ 20-0762540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3330 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Juliano Frank JULIANO, FRANK L Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD **SUITE 1503** FT. LAUDERDALE, FL 33301 1314 E. las Olas Blud 8. The above named entity submits this statement if or 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change TITLE Delete TITLE Addition JULIANO, FRANK L NAME NAME 1314 E 105 DIOS BIUD #76 2131 DISCOVERY CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Friandirdell FL 33301 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered

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TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED