


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90057 001 *****8.75
 04-18-2008 90057 002 ***150.00

DOCUMENT # P06000041789		
1. Entity Name JUC ENTERPRISES INC		
Principal Place of Business 2824 ST AUGUSTINE RD JACKSONVILLE FL 32207		Mailing Address 4484 ENGLEWOOD AVE JACKSONVILLE FL 32207
2. Principal Place of Business - No P.O. Box # 2819 Phillips Hwy		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.

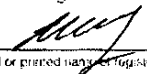


1st MOORE CR2E034 (10/07)

City & State Jacksonville FL		City & State		4. FEI Number 20-4544684	Applied For <input type="checkbox"/>
Zip 32207	Country DUVAL	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNGS, JEFF K 9785 PATTON ROAD JACKSONVILLE FL 32216				7. Name and Address of New Registered Agent	
				Name ELENA SHVANOVA	
				Street Address (P.O. Box Number is Not Acceptable) 4484 Englewood Ave	
				City Jacksonville	
				State FL	
				Zip Code 32207	

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  DATE **04-06-08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	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	P JUC, SERGHEI 4484 ENGLEWOOD AVE JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORKER ELENA SHVANOVA 4484 Englewood Ave Jacksonville FL 32207
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 Section 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:  DATE **04-06-08** (904) 253-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR