2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P01000056429 02-21-2005 90053 014 ***150.00 JUNÉ INVESTMENT & CONSULTANT GROUP CORPORATION Principal Place of Business Mailing Address 40000000 801 BRICKELL BAY, #1567 801 BRICKELL BAY, #1567 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 5661 AINSLEY 5661 AINS LAY CT Suite, Apt. #, etc. Suite, Apt. #, etc. 02142005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number FL BOYNTON BSACH FL BOYNTON BRACH 52-2323491 Not Applicable Country USA Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired USA 334<u>3+</u> 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NameCYNTHIA GRABENHEIMER, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 5661 ALPS LLY CT 5661 AINSLEY-CT-**BOYNTON BEACH, FL 33437** BOYNTON BEACH 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. BAER Signature, typed or printed nar (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change TITLE ☐ Delete TITLE PD Addition GRABENHEIMER, CYNTHIA CYNTHIA BAER NAME NAME 5661 AINSLEY CT 801 BRICKELL BAY, #1567 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7iP BOYNTON BEACH FL 3343} TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP πιε TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete mr ☐ Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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.

BARIZ

FILED

Feb 21, 2005 8:00 am