

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 18, 2005 10:00 AM
Secretary of State
Division of Corporation

DOCUMENT # 659356

1. Entity Name
JULISSA CORPORATION



Principal Place of Business
**700 WEST 29TH STREET
HIALEAH, FL 33012**

Mailing Address
**700 WEST 29TH STREET
HIALEAH, FL 33012**



DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1982998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASANOVA, JESUS
700 WEST 29TH STREET
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000314815

04/19/05-80003-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASANOVA, JESUS 3373 W. 14TH CT. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASANOVA, NELIDA 3373 W. 14TH CT. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASANOVA, JAVIER 3400 W. 14 CT. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASANOVA, JESUS 83 SE. 23 ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASANOVA, JULISSA 3373 W 147TH COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS - CASANOVA

Date

Daytime Phone #

04/14/05 - 305-8859603