


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 659356 1. Entity Name JULISSA CORPORATION	
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Principal Place of Business 700 WEST 29TH STREET HIALEAH, FL 33012	Mailing Address 700 WEST 29TH STREET HIALEAH, FL 33012
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1982998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASANOVA, JESUS 700 WEST 29TH STREET HIALEAH, FL 33012
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**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: _____ (NOTE: Registered Agent signature required when reinstating)
02/03/06-89012-021 150.00

**FILE NOW: FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/06

Date

Daytime Phone #