## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

NATURE AND TYPED OR PRINTED NAME OF SIGNING

## FILED DOCUMENT # H11047 JULIÉTTE'S CORNUCÓPIA COMPANY 2012 MAY - 1 PM 1: 39 SECRETARY OF STATE Principal Place of Business Mailing Address 1763 PARK TERRACE, EAST 1763 PARK TERRACE, EAST ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (12/11) 04242012 Chg-P City & State City & State 4. FEI Number Applied For 59-2425327 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame HAGIST, JULIETTE Street Address (P.O. Box Number is Not Acceptable) 1763 PARK TERRACE EAST ATLANTIC BEACH, FL 32233 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2012 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Delete TITLE TITLE 500234248285 05/01/12--01017--021 \*\*150.00 HAGIST, JULIETTE NAME NAME STREET ADDRESS 1763 PARK TERRACE EAST STREET ADDRESS CITY- ST- ZIP ATLANTIC BEACH, FL 32233 CITY- ST- ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP City- ST- ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MAY = 1 2011 STREET ADDRESS STREET ALORESS CITY- ST- ZIP CITY- ST- ZIP S. TONER - Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP 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:

FICER OR DIRECTOR