2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # J84975 aL, LTD., INC.				07-30-2007	90063 001 ***15	50.00	
Principal Plac 6100 NEFF L BROOKSVILL	AKE RD.	Mailing Address 6100 NEFF LAKE RD. BROOKSVILLE, FL 64601		3 4			18 4 : 11 1 41 1	
	NEFF LAKE RD	3. Mailing Address 6 100 NEFF Suite, Apt. #, etc.	LAKE RD	07162007	Chg-P	CR2E034 (12/06)		
City & State	KSVIIIE, FL	City & State BROOKS VILLE	F, FL	4. FEI Numbe 56-1384		<u> </u>	plied For t Applicable	
^{Zip} 34601 Country			ountry	5. Certificate	of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent	Name	7. Name and	Address of New Re	egistered Agent		
MEJIA, JAIME H 6100 NEFF LAKE ROAD BROOKSVILLE, FL 34601			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	•	
	named entity submits this statement for ions of registered agent	the purpose of changing its regis	stered office or registe	ered agent, or bot	h, in the State of Flo	rida. Fam familiar with,	and accept	
SIGNATURE	Signature, typed or profiled name of registered agent a	nd little if appreciable (NOTE Regi	storert Agent signature requis-	d when reinstating)		DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Fi Trust Fund Contribute		5.00 May Be ded to Fees	In accordance w	rith s. 607.193(2)(b), not receive the prior n	F.S., the lotice.	
10.	OFFICERS AND I	*	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 11	
NAME STREET ADDRESS CITY-ST ZIP	DP MEJIA, JAIME E 6100 NEFF LAKE ROAD		TITLE NAME			☐ Change	Addition	
	BROOKSVILLE, FL 34601		STREET ADDRESS CITY-ST ZIP					
TIFLE MAME STREET ADDRESS CITY-ST-ZIP	DVP MEJIA, BEATRIZ 6100 NEFF LAKE ROAD BROOKSVILLE, FL 34601	☐ Delete	STREET ADDRESS			☐ Change	Addition	
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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 if an 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 if an indicated on this report 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 OF CER OR DIRECTOR

7/24/07 352 20643/0



CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAX: (813) 288-8483 1211 N. WESTSHORE BLVD. SUITE 511 TAMPA, FLORIDA 33607

TELEPHONE: (813) 281-9090

July 10, 2007

Florida Department of State Secretary of State Division of Corporations P O Box 8700 Tallehassee, FL 32314

RE:

El Juncal, LTD, Inc. 6100 Neff lake Road Brooksville, FL 34601-7845 Document: (J84975

Dear Sir/Madam:

We never received the tax notice you allegedly mailed to our client.

Enclosed is their check number 559, dated 7/7/07, in the amount of \$150.00, payable to the Florida Department of State for the Annual Report.

Sincerely,

Manuel Junco, Jr. Manuel Junco, Jr.

Certified Public Accountant