

**DOCUMENT # K29669**

1. Entity Name

**JUMANY CORP.**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

**JUMANY CORP**  
**11399 SOUTHWEST 40TH STREET**  
**MIAMI FL 33165**  
**US**

Mailing Address

**11399 SOUTHWEST 40TH STREET**  
**MIAMI FL 33165**  
**US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0063983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**MELENDEZ, L**  
**11399 SW 40 ST**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**

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  
**MELENDEZ, L**  
**11399 SW 40 ST**  
**MIAMI FL 33155**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
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**U00000684459**  
**04/06/07-80035-002 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Leidy M. Méndez* **(Leidy M. Méndez) 3-27-07 (305-559-9511)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone