

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008615

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: JUJOY INC.

**Current Principal Place of Business:**

6841 NW 44 CT  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

6841 NW 44 CT  
LAUDERHILL, FL 33319

**New Mailing Address:**

FEI Number: 34-2012614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PATTERSON, JUDY  
6841 NW 44 CT  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PATTERSON, JUDY  
Address: 6841 NW 44 CT  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: TORAN, JOYCE  
Address: 4747 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete  
Name: PATTERSON, BEN  
Address: 6841 NW 44 CT  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: GRAVES, ANTHONY  
Address: 4747 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY E PATTERSON

PD

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date