

FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90036 017 ****70.00

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N07000010102							
1. Entity Name JUST US MAKING PEOPLE INDEPENDENT NETWORK, INC.							
Principal Place of Business 6845 LANDINGS DRIVE #111 LAUDERHILL FL 33319			Mailing Address 6845 LANDINGS DRIVE #111 LAUDERHILL FL 33319				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-1318231			
				Applied For Not Applicable			
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARLINE, PAULETTE R MPH 6845 LANDINGS DRIVE #111 LAUDERHILL, FL 33319				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	CEO	6845 Landings Dr #111	Lauderhill, FL 33319				
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 617, 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 _____				3/30/08		305 898-4460	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	