

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40583

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: JUST THE WAY IT WAS INC.

**Current Principal Place of Business:**

14700 NE 2ND CT  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

14700 NE 2ND CT  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 65-0238421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LOUIS, LILIANE N  
14700 NE 2ND CT  
MIAMI, FL 33161 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: DP ( ) Delete  
Name: LOUIS, LILIANE N  
Address: 14700 NE 2ND CT  
City-St-Zip: MIAMI, FL

Title: DVP ( ) Delete  
Name: LOUIS, CHRISTIAN  
Address: 731 SW 82ND ST APT #3A  
City-St-Zip: MIAMI, FL 33143

Title: DS ( ) Delete  
Name: DOMINIQUE, LOUIS  
Address: 14700 NE 2ND COURT  
City-St-Zip: MIAMI, FL 33161

Title: DT ( ) Delete  
Name: NERETTE, JESSIE  
Address: 6824 SW 114 AVE  
City-St-Zip: MIAMI, FL 33173

**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: LILIANE LOUIS

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date