2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002653

1. Entity Name
UNTOUCHABLE MOCKO JUMBIES, INC.

Principal Place of Business	Mailing Address
300 ALADDIN STREET	300 ALADDIN STREET
OPA-LOCKA, FL 33054	OPA-LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

03092006 No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
65-0667363	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, LEON
300 ALADDIN ST
MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE

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 _Leon Howard_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 03/09/06

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, LEON A
STREET ADDRESS	300 ALADDIN STREET
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	VD
NAME	ISAAC, LLOYD
STREET ADDRESS	300 ALADDIN STREET
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	STD
NAME	HOWARD, MONICA
STREET ADDRESS	300 ALADDIN STREET
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000465371
03/22/06-80031-010 70.00

DO NOT WRITE IN THIS SPACE

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: _Leon Howard_ / Leon Howard   03/09/06   305-688-3955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #