


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002653 1. Entity Name UNTOUCHABLE MOCKO JUMBIES, INC.	
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Principal Place of Business 300 ALADDIN STREET OPA-LOCKA, FL 33054	Mailing Address 300 ALADDIN STREET OPA-LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0667363	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, LEON
300 ALADDIN ST
MIAMI, FL 33054

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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 reinstating) DATE: _____

**Filing Fee is \$81.25
Due by May 1, 2008**

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 HOWARD, LEON A 300 ALADDIN STREET OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISAAC, LLOYD 300 ALADDIN STREET OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOWARD, MONICA 300 ALADDIN STREET OPA-LOCKA, FL 33054
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05/27/08-80058-021 70.00

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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 4/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #