


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90096 031 ***150.00

DOCUMENT # P00000020855					
1. Entity Name JULIO FUSTE, INC.					
Principal Place of Business 14743 S.W. 173RD TERRACE MIAMI, FL 33187			Mailing Address 14743 S.W. 173RD TERRACE MIAMI, FL 33187		
2. Principal Place of Business <i>6316 SW 151 Court</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami FL</i>		City & State		4. FEI Number 65-0989448	
Zip <i>33193</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUSTE, JULIO A 14743 S.W. 173RD TERRACE MIAMI, FL 33187			Name <i>Libertad C. Fuste</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>6316 S.W 151 Court</i>		
			City <i>Miami</i>		FL Zip Code <i>33193</i>
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSTE, JULIO A 14743 S.W. 173RD TERRACE MIAMI, FL 33187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TSD Libertad C. Fuste 6316 S.W 151 Court Miami FL 33193</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 607, 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: <i>Julio A. Fuste</i>		Date: <i>5/3/06</i>		Daytime Phone #: <i>305-632-2936</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					