

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093973

FILED
Apr 06, 2006
Secretary of State

Entity Name: JUSTA, INC.

Current Principal Place of Business:

10849 SW 143 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

10849 SW 143 CT.
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-1064994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORE, ELVIRA F
10849 SW 143 CT
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORE, ELVIRA
Address: 10849 SW 143 CT
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORE, SANDRA D
Address: 10849 SW 143 CT
City-St-Zip: MIAMI, FL 33186

Title: VP () Change (X) Addition
Name: ORE, ELVIRA F
Address: 10849 SW 143 CT
City-St-Zip: MIAMI, FL 33186

Title: T () Change (X) Addition
Name: ORE, CARLOS N
Address: 10849 SW 143 CT
City-St-Zip: MIAMI, FL 33186

Title: S () Change (X) Addition
Name: ORE, CARLOS D
Address: 10849 SW 143 CT
City-St-Zip: MIAMI, FL 33186

Title: D () Change (X) Addition
Name: PORRAS, LEONEL
Address: 10849 SW 143 CT
City-St-Zip: MIAMI, FL 33186

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELVIRA ORE

VP

04/06/2006

Electronic Signature of Signing Officer or Director

Date