2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015238

Name:

Address:

City-St-Zip:

SAMAROO, MALCOLM

7006 HIAWASSEE OAKS DR

ORLANDO, FL 32818 US

Entity Name: JULIE'S RETIREMENT RESORT #2, INC.

FILED Jan 13, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	DDHAVEN CT D, FL 32818	•			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX ORLANDO	681365), FL 32868				
FEI Number	: 59-3697085	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ORLANDO The above	e of Florida.	US	urpose of changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent			nt	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDS (SINGH, RADIN P.O. BOX 681 ORLANDO, FL	365	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SAMAROU, SI	SEE OAKS DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	VP () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RADIKA SINGH PDS 01/13/2009