


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90019 046 ***150.00

DOCUMENT # P01000059309

1. Entity Name
JULIANA OF FLORIDA CORPORATION



Principal Place of Business Mailing Address
520 BRICKELL KEY DRIVE, SUITE 0-305 **520 BRICKELL KEY DRIVE, SUITE 0-305**
MIAMI, FL 33131 **MIAMI, FL 33131**

94052005

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
52-2344483 Not Applicable

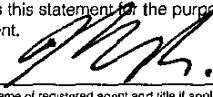
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI, FL 33131

Name
Transglobal Corporate Administration, LLC
 Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Dr. Suite 0-305
 City **Miami** FL Zip Code **33131**

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:  DATE: **4/8/04**

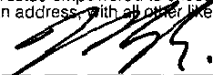
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENAGOS, MARTHA			NAME			
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROJAS, MARCO			NAME			
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an officer like empowered.

SIGNATURE:  **MARCO E. ROJAS** Date: **03/10/04 (305) 374-3800**

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