


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90019 047 ***150.00

DOCUMENT # P01000059309 1. Entity Name JULIANA OF FLORIDA CORPORATION																											
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131																									
2. Principal Place of Business - No P.O. Box # 1155 Brickell Bay Drive Suite, Apt. #, etc. Apt. 2804		3. Mailing Address 1155 Brickell Bay Drive Suite, Apt. #, etc. Apt. 2804																									
City & State Miami, Florida Zip 33131		City & State Miami, Florida Zip 33131																									
4. FEI Number 52-2344483		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC. 520 BRICKELL KEY DRIVE STE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Martha Penagos Street Address (P.O. Box Number is Not Acceptable) 1155 Brickell Bay Drive, Apt. 2804 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 <u><i>Martha Penagos</i></u> 03/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PENAGOS, MARTHA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>520 BRICKELL KEY DRIVE, SUITE 0-305</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	PENAGOS, MARTHA		STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 filers empowered. SIGNATURE: <u><i>Martha Penagos</i></u> 03/27/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											