

2005 FOR PROFIT CORPORATION ANNUAL REPORT

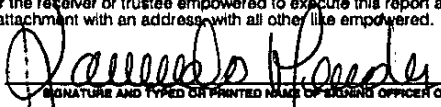
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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90183 029 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000103078					
1. Entity Name INJUMEN, CORP.					
Principal Place of Business 9734 N.W. 27 TERRACE DORAL, FL 33172			Mailing Address 9734 N.W. 27 TERRACE DORAL, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1148255	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDEZ, RAIMUNDO 5617 NW 113 AVE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name MENDEZ, RAIMUNDO Street Address (P.O. Box Number is Not Acceptable) 5184 NW 108 Place City DORAL FL Zip Code 33178		
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 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	V MENDEZ, RAIMUNDO 5617 NW 113 AVE. MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENDEZ, RAIMUNDO 5184 N.W. 108 Place DORAL, FL 33178 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIAO, CRISTINA 5617 NW 113 AVE. MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIAO, CRISTINA 5184 N.W. 108 Place DORAL, FL 33178 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIAO, JAIME DAVID 9734 NW 27 TERRACE MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIAO, RICARDO M 9734 NW 27 TERR. DORAL, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 all other like empowered.					
SIGNATURE: 			04-25-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		