

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 040 ***150.00

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

8260 NW 27 Street

3. Mailing Address

8260 NW 27 Street

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

DORAL FL

City & State

DORAL FL

Zip

33122

Country

Zip

33122

Country

4. FEI Number

65-1148255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

MENDEZ, RAIMUNDO
5189 NW 108 PLACE
DORAL FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8260 NW 27 Street Suite 408

City

Doral

FL

Zip Code

33122

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME MENDEZ, RAIMUNDO
STREET ADDRESS 5184 NW 108 PLACE
CITY-ST-ZIP DORAL FL 33178

TITLE DS ☐ Delete
NAME JULIAO, CRISTINA
STREET ADDRESS 5184 NW 108 PLACE
CITY-ST-ZIP DORAL FL 33178

TITLE D ☐ Delete
NAME JULIAO, JAIME DAVID
STREET ADDRESS 9734 NW 27 TERRACE
CITY-ST-ZIP MIAMI FL 33172

TITLE P ☐ Delete
NAME JULIAO, RICARDO M
STREET ADDRESS 9734 NW 27 TERR.
CITY-ST-ZIP DORAL FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☐ Addition
NAME MENDEZ, RAIMUNDO
STREET ADDRESS 8260 NW 27 Street, Suite 408
CITY-ST-ZIP DORAL FL 33122

TITLE DS ☐ Change ☐ Addition
NAME JULIAO, CRISTINA H
STREET ADDRESS 8260 NW 27 Street, Suite 408
CITY-ST-ZIP DORAL FL 33122

TITLE D ☐ Change ☐ Addition
NAME JULIAO, JAIME DAVID
STREET ADDRESS 8260 NW 27 Street, Suite 408
CITY-ST-ZIP DORAL FL 33122

TITLE P ☐ Change ☐ Addition
NAME JULIAO, RICARDO M
STREET ADDRESS 8260 NW 27 Street, Suite 408
CITY-ST-ZIP DORAL FL 33122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06

Date

3056292947

Daytime Phone #