

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103078

1. Entity Name
INJUMEN, CORP.



Principal Place of Business
8009 NW 36 STREET #230
MIAMI, FL 33166

Mailing Address
8009 NW 36 STREET #230
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06042007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

MELENDEZ, RAIMUNDO
8009 NW 36 STREET #230
MIAMI, FL 33166

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME MENDEZ, RAIMUNDO
STREET ADDRESS 8009 NW 36 ST #230
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600104427586
06/15/07--01036--003 **\$150.00

TITLE DS
NAME JULIAO, CRISTINA
STREET ADDRESS 8009 NW 36 ST #230
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE President
NAME CRISTINA JULIAO
STREET ADDRESS 8009 N.W. 36 ST # 230
CITY-ST-ZIP MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE DVP
NAME JULIAO, JAIME DAVID
STREET ADDRESS 8009 NW 36 ST #230
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

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

TITLE P
NAME JULIAO, RICARDO M
STREET ADDRESS 8009 NW 36 ST #230
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE DS.
NAME RICARDO JULIAO M
STREET ADDRESS 8009 N.W. 36 ST # 230
CITY-ST-ZIP MIAMI, FL 33166 ☒ 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 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 like empowered.

SIGNATURE: *Cristina Juliao*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-07
Date

305 629 1947
Daytime Phone #

WILLIAMS JUN - 5 2007