


FILED
Jun 20, 2003 8:00 am
Secretary of State

05-07-2003 90168 027 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/7

DOCUMENT # P01000103078			
1. Entity Name INJUMEN, CORP.			
Principal Place of Business 5411 NW 112 CT. 5617 NW 113 AVE MIAMI FL 33178 Miami FL 33178		Mailing Address 5411 NW 112 CT. 5617 NW 113 AVE MIAMI FL 33178 Miami FL 33178	
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 <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		7. Name and Address of New Registered Agent	
MENDEZ, RAIMUNDO 5511 NW 112 AVENUE UNIT 114 MIAMI FL 33178		Name <u>MENDEZ Raimundo</u> Street Address (P.O. Box Number is Not Acceptable) <u>5617 NW 113 AVE</u> City <u>MIAMI</u> FL <u>33178</u>	
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>Raimundo Mendez</u> PRESIDENT <u>06/18/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MENDEZ, RAIMUNDO 5511 NW 112 AVENUE UNIT 114 5617 NW 113 AVE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIAO, CRISTINA 5511 NW 112 AVENUE UNIT 114 5617 NW 113 AVE MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Raimundo Mendez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>PRESIDENT</u> <u>06/18/03</u> <small>Date Daytime Phone #</small>	

CR2034 (10/02)