

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90024 050 ***150.00

DOCUMENT # P01000106519 1. Entity Name JULIE G DEVELOPMENT, INC.					
Principal Place of Business 9360 SUNSET DRIVE #291 MIAMI, FL 33173				Mailing Address 9360 SUNSET DRIVE #291 MIAMI, FL 33173	
2. Principal Place of Business 7300 SW 93rd Avenue		3. Mailing Address 7300 SW 93rd Avenue			
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210			
City & State Miami, Fl.		City & State Miami, Fl.			
Zip 33173		Zip 33173			
Country Miami-Dade		Country Miami-Dade		4. FEI Number 65-1153022	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GIL, AUGUSTO J 9360 SUNSET DRIVE #291 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIL, AUGUSTO J 7300 SW 93 Ave 9360 SUNSET DRIVE Ste. 210 MIAMI, FL 33173		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIL, JULIA 7300 SW 93 Ave 9360 SUNSET DRIVE Ste. 210 MIAMI, FL 33173		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIL, ALEJANDRO 7300 SW 93 Ave 9360 SUNSET DRIVE Ste. 210 MIAMI, FL 33173		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 1/6/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					