


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000106519</b>	
1. Entity Name <b>JULIE G DEVELOPMENT, INC.</b>	

Principal Place of Business <b>7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173 US</b>	Mailing Address <b>7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1153022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GIL, AUGUSTO J  
7300 SOUTHWEST 93 AVENUE  
SUITE 210  
MIAMI, FL 33173**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000595789 01/16/07-80027-007 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD GIL, AUGUSTO J 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD GIL, JULIA 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD GIL, ALEJANDRO 7300 SOUTHWEST 93 AVENUE SUITE 210 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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:** Julia Gil Julia Gil 1/12/07 (305) 598-4002  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #