## 2003 FOR PROFIT CORPGIATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Sep 10, 2003 8:00 am Secretary of State

DOCU 1. Entity Nan JOJUAL,	ne	P0100011	3789 (Y/				08-18-2	2003 90168	: 014 ***1	150.00	
Principal Place of Business 8346A NW SOUTH RIVER DRIVE MIAMI FL 33166			Mailing Address 8346A NW SOUTH RIVER DRIVE MIAMI FL 33166								
2. Principal Place of Business			3. Mailing Address			<del>-</del>		<u>-</u> -			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI				pplied For lot Applicable	
Zip Country		Zip s of Current Registers		Counti				\$8.75 Ad Fee Require	8.75 Additional e Required		
	. مسيو	7. Name and Address of New Registered Agent Name									
SCHEUREN, EDUARDO 8346A NW SOUTH RIVER DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33166				City			FL	Zip Cod	je	
	named entity submits this ions of registered agent.	statement for the purp	ose of changing its	registere	ed office or registe	ered agent,	or both, in the State of	f Florida. I am	tamiliar with,	, and accept	
SIGNATURE.	Signeture, typed or prirated name of	registered agent and title if app	licable. (NOTE	: Registered	aniupes erutangia InegA t	ed when reinstati	ng)	DATE	·		<b>i</b>
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9. Election Campaign Trust Fund Contrib			00 May Be d to Fees	
10		ICERS AND DIRECTO		11.		ADDITI	ONS/CHANGES TO (	OFFICERS AND			ã
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEUREN, JOSE V 8346A NW SOUTH RI MIAMI FL 33168	ver drive	□ Deleta		- [				☐ Change	☐ Addition	DEDGA (A/DR)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	ç
NAME STREET ADDRESS CITY-ST-ZIP		·	Delets		- 1	. = '			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1		<del></del>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deleta		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	~CITY-	T ADORESS ST-ZIP				Change	Addition	
12. I hereby o	ertify that the information s	supplied with this filling onto	does not qualify for	the exen	option stated in Se	ection 19.0	7(3)(i), Florida Statute	s. I further cert	ify that the in	nformation or director	

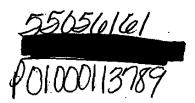
indicated on mis report or supplemental report is due and accurate and that my signature shall have the samp legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Staties; 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.

EDUARDO SCHEUREN

SIGNATURE:

SIGNATURE REQUIRED

## attachment



Jojual, Inc C/O Eduardo Scheuren 8346 A NW South River Drive Miami, Florida 33166 305-887-7726

July 11, 2003

Florida Department of State Secretary of State Glenda E Hood Division of Corporations PO Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Please accept our check in the amount of \$150.00 for the Uniform Business Report that was due on May 01, 2003. We did not receive the original report in the mail, but instead, have received your second notice. Had we received the report we would have filed on time.

Thank you for your kind consideration in this matter.

Sincerely,

Eduardo Scheuren

-P01000113789----

Jojual, Inc.