

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90045 017 ***150.00

DOCUMENT # P01000115676

1. Entity Name
JONUBE CORP.



Principal Place of Business
 11695 SW 153 AVE.
 MIAMI, FL 33196

Mailing Address
 11695 SW 153 AVE.
 MIAMI, FL 33196

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02052004 Chg-P CR2E034 (10/03)

4. FEI Number
69-0004404

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRAVO, NURY
11695 SW 153 AVE.
MIAMI, FL 33196

7. Name and Address of New Registered Agent
 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 *Alley Brown* *NURY BRAVO* *2/20/04*
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 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAVO, NURY	
STREET ADDRESS	11695 SW 153 AVE.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAVO, SIMON S	
STREET ADDRESS	11695 SW 153 AVE.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAVO, NURY	
STREET ADDRESS	11695 SW 153 AVE.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRAVO, SIMON	
STREET ADDRESS	11695 SW 153 AVE.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alley Brown* *NURY BRAVO* *2/20/04* *3053806206*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #