


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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: **11695 Sw 153 Ave**

3. Mailing Address: **11695 Sw 153 Ave**

City & State: **Hiami FL**

City & State: **Hiami, FL**

Zip: **33196** Country: **USA**

Zip: **33196** Country: **USA**

1st MOORE CR2E034 (10/05)

4. FEI Number: **69-0004404**

Applied For: Not Applied:

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: _____ (NOTE: Registered Agent signature required when reconstating)

DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	U00001462418	
CITY-ST-ZIP	03/21/06-80033-021 150.00	
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 exemptions contained in Section 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: *Nury Bravo* **Nury Bravo President 3/6/06 305 380 6206**