


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 006 ***150.00

DOCUMENT # P02000004440

1. Entity Name
JELUZ, CORP.



Principal Place of Business
**6039 COLLINS AVE #1404
 MIAMI BEACH, FL 33141**

Mailing Address
**6039 COLLINS AVE #1404
 MIAMI BEACH, FL 33141**

2. Principal Place of Business
4615 N.W. 72nd AVE

3. Mailing Address
4615 N.W. 72nd AVE.

Suite, Apt. #, etc.
107

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
USA



04202005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0317345

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DONATO, DANIEL ROBERTO
 6039 COLLINS AVE #1404
 MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent
 Name **DONATO, DANIEL ROBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
4615 N.W. 72nd AVE
SUITE 107
 City **MIAMI, FL** Zip Code **33166**

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 *[Signature]* **4/27/2005**
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 DONATO, DANIEL R 6039 COLLINS AVE. #1436 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONATO, DANIEL R 4615 N.W. 72 nd AVE #107 MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTILE, GIUSEPPE 6039 COLLINS AVE #1404 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTILE, GIUSEPPE 4615 N.W. 72 nd AVE #107 MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **4/27/05 (305) 513-0031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #