


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90232 032 ***150.00

DOCUMENT # P02000051309 1. Entity Name JULIANA INVESTMENT GROUP, INC.	
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Principal Place of Business 8390 SW 5TH STREET MIAMI, FL 33144	Mailing Address 8390 SW 5TH STREET MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1697397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PILOTO, LUIS R
8390 SW 5TH STREET
MIAMI, FL 33144

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PILOTO, LUIS R 3042 NW 2 AVE. <i>8390 SW 5th</i> MIAMI, FL 33127 <i>MIAMI, FL 33144</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILOTO, LUIS R 3042 NW 2 AVE. <i>8390 SW 5th</i> MIAMI, FL 33127 <i>MIAMI, FL 33144</i>
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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: *[Signature]* **LUIS R. PILOTO** *4/17/06* *(305) 513 5353*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #