FILED
Jul 11, 2003 8:00 am
Secretary of State
06-16-2003 90140 034 ***163.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080355

1. Entity Name
JUNEWILL ENTERPRISES, INC.

55051020

Principal Place of Business	Mailing Address
3101 LAKE GEORGE COVE DR. ORLANDO, FL 32812	3101 LAKE GEORGE COVE DR. ORLANDO, FL 32812

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O BOX 271673	P.O. BOX.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA FL.	271673
City & State	City & State
	TAMPA FL.
Zip 33688 Country USA/MEXICO	Zip 33688 Country USA/MEXICO

4. FEI Number 30-0099809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEVES, WILFREDO
3101 LAKE GEORGE COVE DR.
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name ELIAS NIEVES
Street Address (P.O. Box Number is Not Acceptable) 14903 ARBOR SPRINGS CIRCLE
APT 116
City TAMPA FL Zip Code 33624

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 Wilfredo Nieves. 6-25-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIEVES, WILFREDO 3101 LAKE GEORGE COVE DR. ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, ELIAS N 3101 LAKE GEORGE COVE DR. ORLANDO, FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. WILFREDO NIEVES PO BOX 271673 TAMPA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT. ELIAS NIEVES PO BOX 271673 TAMPA FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Wilfredo Nieves. 6-25-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #