

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000109995 1. Entity Name JOOL HOME CARE, INC.	
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Principal Place of Business 300 NE 164TH TERR MIAMI, FL 33162	Mailing Address 300 NE 164TH TERR MIAMI, FL 33162
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0575652	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JEUNE, MARIE O
300 NE 164TH TERRACE
MIAMI, FL 33162**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEUNE, MARIE 300 NE 164TH TERR MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JEUNE, JOUBERT 300 NE 164TH TERR MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEUNE, MARIE 300 NE 164TH TERR MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEUNE, JOUBERT 300 NE 164TH TERR MIAMI, FL 33162
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05/09/07-80041-021 150.00

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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: Marie Jeune 4/23/07 786-3178112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #