2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90698 020 ***150.00

DOCUMENT # P03000029057

1. Entity Name
JUMA'S, INC.

Principal Place of Business	Mailing Address
1865 79TH ST. CAUSEWAY, APT. 3-A N. BAY VILLAGE, FL 3341	1865 79TH ST. CAUSEWAY, APT. 3-A N. BAY VILLAGE, FL 3341

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7525 E. Treasure Drive	7525 E. Treasure Drive
Suite, Apt. #, etc. #4N	Suite, Apt. #, etc. #4N
City & State North Bay Village FL	City & State North Bay Village FL
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 54-2098727 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONROY, MARIA T 1865 79TH ST. CAUSEWAY, APT. 3-A N. BAY VILLAGE, FL 3341	Name: Maria T Monroy Street Address (P.O. Box Number is Not Acceptable): 7525 E. Treasure Dr. #4N City: North Bay Village FL Zip Code 33141

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: X Maria Monroy
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, 2004 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	PSD MONROY, MARIA T 1865 79TH ST. CAUSEWAY, APT. 3-A N. BAY VILLAGE, FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Maria T. Monroy 7525 E. Treasure Dr. #4N North Bay Village FL 33141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X Maria Monroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #