

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90055 004 \*\*\*150.00

<b>DOCUMENT # P03000029057</b>					
<b>1. Entity Name</b> JUMA'S, INC.					
<b>Principal Place of Business</b> 1865 79TH STREET CAUSEWAY PH-N NORTH BAY VILLAGE, FL 33141			<b>Mailing Address</b> 1865 79TH STREET CAUSEWAY PH-N NORTH BAY VILLAGE, FL 33141		
<b>2. Principal Place of Business</b> 6415 SW 116 Place Suite, Apt. #, etc. Unit C City & State Miami FL Zip 33173		<b>3. Mailing Address</b> 6415 SW 116 Place Suite, Apt. #, etc. Unit C City & State Miami FL Zip 33173			
<b>4. FEI Number</b> 54-2098727				Chg-P CR2E034 (11/05)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MONROY, MARIA T 1865 79TH STREET CASUEWAY PH-N N BAY VILLAGE, FL 33141			<b>7. Name and Address of New Registered Agent</b> Name <u>JUAN C. Monroy</u> Street Address (P.O. Box Number is Not Acceptable) 6415 SW 116 Place Unit C City <u>Miami</u> FL Zip Code <u>33173</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROY, MARIA T 1865 79TH ST. CASUEWAY PH-N NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JUAN C. Monroy 6415 SW 116 PLACE UNIT C Miami FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORATEGUI, MAGARITA 1865 79TH ST. CAUSEWAY PH-N NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAMPLONA, JOSE 1865 79TH ST. CAUSEWAY PH-N N. BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONROY, JUAN 1865 79TH ST. CAUSEWAY PH-N N BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
<b>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.</b>					
SIGNATURE <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					