


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 027 ***150.00

DOCUMENT # P03000034310		
1. Entity Name PRECIOUS JULIA, INC.		

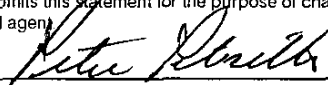
Principal Place of Business 1390 US HIGHWAY 1 MALABAR FL 32950 US	Mailing Address 1390 US HIGHWAY 1 MALABAR FL 32950 US
---	---

2. Principal Place of Business	3. Mailing Address P.O. Box 500187
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MALABAR FLORIDA	City & State MALABAR FLORIDA
Zip 32950	Country BREVARD

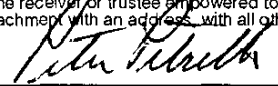
4. FEI Number 43-2006638	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILLCHER, H. C SR. 46 NORTH BREVARD AVENUE SUITE 46 COCOA BEACH FL 32931	
--	--

7. Name and Address of New Registered Agent Name PETER PETRILLO Street Address (P.O. Box Number is Not Acceptable) 328 - PROVINCIAL DR. City MELBOURNE FL Zip Code 32903	
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 	DATE 8-3-05

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PETRILLO, PETER 328 PROVINCIAL DRIVE MELBOURNE FL 32903 <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
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
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

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:  PETER PETRILLO "PRES. DIR"	DATE 8-3-05

P13000024310
50060721

ATTACHMENT 8/3/05
To whom it may concern:

PLEASE BE
ADVISED THAT PER MY TELEPHONE
CONVERSATION ON 8/2/05 WITH A
REPRESENTATIVE OF THE DIVISION OF
CORPORATIONS, I DID NOT RECEIVE
A NOTICE TO PAY AN ANNUAL FEE
+ REQUEST THAT YOU WAIVE ANY
LATE PAYMENT FEE.

I ENCLOSE MY CHECK FOR
\$150.00.

I WAS ALSO ADVISED THAT
I COULD CHANGE THE REGISTERED
AGENT WHICH I HAVE DONE
IN SECTION 7 OF THE FORM.

THANK YOU.

Peter Vitelli