
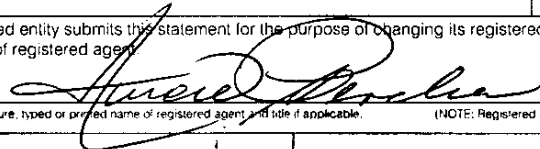
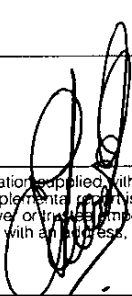


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90228 012 ***150.00

DOCUMENT # P03000058872 1. Entity Name JULOQUAT CORP.					
Principal Place of Business 1101 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131			Mailing Address 1101 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 2655 LeTenne Rd		3. Mailing Address 2655 LeTenne Rd			
Suite, Apt. #, etc. 508		Suite, Apt. #, etc. 508			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 20-1587280	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEÑALVER, AURORA ESQ. 1101 BRICKELL AVE 1700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name AURORA PENALVER, ESQ Street Address (P.O. Box Number is Not Acceptable) 2655 LeTenne Rd Suite 508 City Coral Gables FL Zip Code 33134		
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 4/7/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	PD ESCUDERO, JULIO C 1101 BRICKELL AVE #1700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESCUDERO, JULIO C 1101 BRICKELL AVE #1700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESCUDERO, JULIO C 1101 BRICKELL AVE #1700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESCUDERO, JULIO C 1101 BRICKELL AVE #1700 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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:  JULIO ESCUDERO DATE 4/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					