


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000148504

1. Entity Name
D & M JUNO BEACH, INC.



Principal Place of Business 498 MARINER DRIVE JUPITER, FL 33477	Mailing Address 498 MARINER DRIVE JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0895722	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

DOMENICA, FLORA
498 MARINER DRIVE
JUPITER, FL 33477

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

000000648917
03/07/07-80028-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORA, DOMENICA 498 MARINER DRIVE JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORA, MICHAEL 498 MARINER DR JUPITER, FL 33477
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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 807, 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: *Domenica M Flora* DOMENICA M FLORA *2/19/07* 561 575-9962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #