

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000029740

1. Entity Name
SAMUEL JUAN INC.



FILED

07 MAR -9 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

44 MOSSY OAK 2ND ST
QUINCY, FL 32351

Mailing Address

44 MOSSY OAK 2ND ST
QUINCY, FL 32351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 180353

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03082007

Chg-P

CR2E034 (12/06)

City & State

City & State

Tallahassee, FL

4. FEI Number

20-2408651

Applied For

Not Applicable

Zip

Country

Zip

32318

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100092282961

03/12/07--01017--025 **150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JUAN, SAMUEL
STREET ADDRESS 44 MOSSY OAK 2ND ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME FELIPE, JUAN
STREET ADDRESS 44 MOSSY OAK 2ND ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE Vice President ☐ Change ☒ Addition
NAME Giovanni Mejia
STREET ADDRESS PO Box 180353
CITY-ST-ZIP Tallahassee, FL 32318

TITLE S ☐ Delete
NAME GUZMAN, JORGE
STREET ADDRESS 44 MOSSY OAK 2ND ST
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Samuel Juan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

Daytime Phone #