

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000036688**

1. Entity Name  
**JULIOS REMODELING OF CENTRAL FLORIDA INC**



Principal Place of Business  
**165 BIRCH AVE  
ORANGE CITY, FL 32763 US**

Mailing Address  
**165 BIRCH AVE  
ORANGE CITY, FL 32763 US**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**87-0741732**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SANCHEZ, MILEXIS  
165 BIRCH AVE  
ORANGE CITY, FL 32763**

**DO NOT WRITE  
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 \_\_\_\_\_  
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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SANCHEZ, MILEXIS
STREET ADDRESS	165 BIRCH AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	V
NAME	VALDEZ LEDON, JOSE LUIS
STREET ADDRESS	165 BIRCH AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	S
NAME	SANCHEZ, ARIEL
STREET ADDRESS	165 BIRCH AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000755126  
05/22/07-80089-019 150.00

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: *Milexis Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07  
Date

Daytime Phone #