

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90228 016 \*\*\*158.75

|   |   |         |   |   |  |
|---|---|---------|---|---|--|
| <b>DOCUMENT # P05000042216</b><br>1. Entity Name<br><b>JUNUZ CORPORATION</b>  |   |         |   |   |  |
| Principal Place of Business<br><b>6510 W COMANCHE AVE<br/>TAMPA, FL 33634</b>   |   |         | Mailing Address<br><b>6510 W COMANCHE AVE<br/>TAMPA, FL 33634</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |   |         | City & State  |   |  |
| Zip   |   | Country |   | Zip   |  |
| Country   |   | Country |   | 4. FEI Number<br><b>20-2567914</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |         |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>NUNEZ, JULIO<br/>6510 W COMANCHE AVE<br/>TAMPA, FL 33634</b>  |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |   |         |   | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |         |   |   |  |
| DATE _____  |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |   |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>NUNEZ, JULIO<br>6510 W COMANCHE AVE<br>TAMPA, FL 33634 |         | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 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. |   |         |   |   |  |
| <b>SIGNATURE: PRESIDENT</b> <i>Julio Nunez</i> <b>04/23/06</b> <b>813-842-9578</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         |   |   |  |

50016660



01062006 Chg-P CR2E034 (11/05)

FL Zip Code



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

ATTACHMENT

50016660

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84321

## ANNUAL REPORT NOTICE

0886220 01 AV 0.178 \*\*AUTO TS 0 1201 33634-504410



JUNUZ CORPORATION  
6510 W COMANCHE AVE  
TAMPA FL 33634-5044

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if *different* from preprinted address.
- Affix postage on reverse side and mail.

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