

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000055448

1. Entity Name
JULIZ IMPORT AND EXPORT INC



FILED

08 APR -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2722877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUGUERCIA, JUAN I
21011 SW 85 PASSAGE
MIAMI, FL 33189

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 re-registering)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MUGUERCIA, JUAN I
STREET ADDRESS 21011 SW 85 PASSAGE
CITY-ST-ZIP MIAMI, FL 33189

TITLE S ☐ Delete
NAME MUGUERCIA, MARIA M
STREET ADDRESS 21011 SW 85 PASSAGE
CITY-ST-ZIP MIAMI, FL 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME Juana Padron
STREET ADDRESS 21011 SW 85 PASSAGE, MIAMI, FL 33189
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700122452737
STREET ADDRESS 04/07/08--U1019--013 **150.00
CITY-ST-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

Date

Daytime Phone #

jc 4/8