


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000057704		
1. Entity Name JOLUEL CORP		
Principal Place of Business 11402 N.W. 41 STREET # 110 DORAL, FL 33178 US	Mailing Address 6821 S.W. 147 AVENUE APT 2H MIAMI, FL 33193 US	



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4572686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RINCON, ELSIE A
6821 S.W. 147 AVENUE
APT 2H
MIAMI, FL 33193**

**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)

11000000882183

**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**

04/16/08-80026-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RINCON, ELSIE A
STREET ADDRESS	6821 S.W. 147 AVENUE, APT 2H
CITY-ST-ZIP	MIAMI, FL 33193

TITLE	VP
NAME	TOVAR, JORGE L
STREET ADDRESS	6821 S.W. 147 AVENUE, APT 2H
CITY-ST-ZIP	MIAMI, FL 33193

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **President 4-308 7863373511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #