

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90103 019 \*\*\*150.00

<b>DOCUMENT # P05000138377</b> 1. Entity Name JUST 1,2,3,4,5, STORE, CORP.			
Principal Place of Business 16850 COLLINS AVE. #113- <del>C</del> SUNNY ISLES, FL 33160 US		Mailing Address 16850 COLLINS AVE. #113- <del>C</del> SUNNY ISLES, FL 33160 US	
2. Principal Place of Business - No P.O. Box # 16850 Collins Ave Suite, Apt. #, etc. #113-C		3. Mailing Address 16850 Collins Ave Suite, Apt. #, etc. #113-C	
City & State Sunny Isles FL Zip 33160		City & State Sunny Isles FL Zip 33160	
Country US		Country US	
4. FEI Number 20-3611253		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TORO, ALEXANDER 16909 NORTH BAY RD. APT. 112 SUNNY ISLES, FL 33160		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: <u>Alexander Toro</u> DATE: <u>1/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME TORO, ALEXANDER STREET ADDRESS 16909 NORTH BAY RD. APT. 112 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME CARIZZONI, NORBERTO R STREET ADDRESS 16909 NORTH BAY RD APT. 112 CITY-ST-ZIP SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <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.			
SIGNATURE: <u>Alexander Toro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/18/07</u> Daytime Phone #: <u>(786) 271-5555</u>	