


FILED
Jun 12, 2007 8:00 am
Secretary of State

05-17-2007 90033 006 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000101038			
1. Entity Name MAURI J., INC			
Principal Place of Business 6731 SW 155 AVE MIAMI, FL 33193		Mailing Address 6731 SW 155 AVE MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 9721 SW 35 STREET Suite, Apt. #, etc.		3. Mailing Address 9721 SW 35 STREET Suite, Apt. #, etc.	
City & State MIAMI FLORIDA Zip 33165 Country USA		City & State MIAMI FLORIDA Zip 33165 Country USA	
4. FEI Number 33-1141805		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent JALIL, MAURICIO M 6731 SW 155 AVE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9721 SW 35 STREET City MIAMI FL Zip Code 33165	
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 _____ DATE 05.03.07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JALIL, MAURICIO M 6731 SW 155 AVE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9721 SW 35 STREET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI FL 33165
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
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		05.03.07 305 984-8693 <small>Date Daytime Phone</small>	