

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 033 ***150.00

DOCUMENT # P06000108351

1. Entity Name

JUST 2B ME, INC.



Principal Place of Business

7135 COLLINS AVE
SUITE 1124
MIAMI BEACH FL 33141
US

Mailing Address

7135 COLLINS AVE
SUITE 1124
MIAMI BEACH FL 33141
US



2. Principal Place of Business - No P.O. Box #
2829 Indian Creek Dr

Suite, Apt. #, etc.

1201

3. Mailing Address

2829 Indian Creek Drive

Suite, Apt. #, etc.

1201

1st MOORE

CR2E034 (10/06)

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

86-1173261

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAROS-KLEIN, ELIZABETH
7135 COLLINS AVE
SUITE 1124
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Elizabeth Claros-Klein

Street Address (P.O. Box Number is Not Acceptable)

2829 Indian Creek Drive #1201

City

Miami Beach

FL

Zip Code

33140

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

Elizabeth Claros-Klein

4/25/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KLEIN, SHAWN ☐ Delete
STREET ADDRESS 7135 COLLINS AVE #1124
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE P
NAME CLAROS-KLEIN, ELIZABETH ☐ Delete
STREET ADDRESS 7135 COLLINS AVE #1124
CITY-ST-ZIP MIAMI BEACH FL 33141

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 Klein, Shawn
STREET ADDRESS 2829 Indian Creek Drive #1201
CITY-ST-ZIP Miami Beach FL 33140

TITLE P ☒ Change ☐ Addition
NAME Claros-Klein
STREET ADDRESS 2829 Indian Creek Drive #1201
CITY-ST-ZIP M.B. FL 33140

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 Section 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:

Elizabeth Claros-Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #