

**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

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

Zip
33140

Country
USA

4. FEI Number
86-1173261

Applied For
 Not Applicable

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 DATE 4/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP KLEIN, SHAWN 7135 COLLINS AVE #1124 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAROS-KLEIN, ELIZABETH 7135 COLLINS AVE #1124 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Klein, Shawn 2829 Indian Creek Drive #1201 Miami Beach FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Claros-Klein 2829 Indian Creek Drive #1201 M.B FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR