

2006 FOR PROFIT CORPORATION.

FILED

Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000012212

1. Entity Name

MILITARY & TRAIL INVESTMENTS, INC.



Principal Place of Business

1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134 US

Mailing Address

1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134 US

03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0381333Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUESADA, G F
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134DO 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 reinstalling)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees000000482096
04/11/06-80060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JUELLE, TERESA 1313 PONCE DE LEON BLVD., S 200 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S JUELLE, SUSAN 1313 PONCE DE LEON BLVD., STE. 200 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JUELLE, JOSE A 1313 PONE DE LEON BLVD., STE. 200 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Juella

3/20/06

Date

Daytime Phone #