


**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90645 040 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P94000070658**

1. Entity Name  
**JUVITEC, INC.**



Principal Place of Business      Mailing Address

**15181 S.W. 113 ST.  
 MIAMI, FL 33196**                      **15181 S.W. 113 ST.  
 MIAMI, FL 33196**

**66416395**



03082004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number <b>65-0528133</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**LUENGO, CARMEN T  
 15181 S.W. 113 ST.  
 MIAMI, FL 33196**

**DO 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 reinstating))      DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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	DP LUENGO, CARMEN T 15181 S.W. 113 ST. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUENGO, VICTOR 15181 S.W. 113 ST. MIAMI, FL 33196
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carmen Luengo*      04/22/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #