2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081215

Entity Name: JULDANICO PROPRETE', INC.

BANDIN-NELSON, ANAMARIA

5565 LEINTER DRIVE EAST

CORAL SPRINGS, FL 33067

Name:

Address:

City-St-Zip:

FILED Mar 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4630 N. UNIVERSITY DRIVE 4630 N. UNIVERSITY DRIVE STE. 3400 STE. 3400 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US **Current Mailing Address: New Mailing Address:** 4630 N. UNIVERSITY DRIVE STE. 3400 CORAL SPRINGS, FL 33067 FEI Number: 65-0725321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BANDIN-NELSON, ANAMARIA 5565 E. LEITNER DRIVE CORAL SPRINGS, FL 33067 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NELSON, JOSEPH J Name: Name: 5565 LEITNER DRIVE EAST Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: EL MASRY, NAZIE Name: SLOTERWEG 327, 1171 VC, BADHOE VEDORP Address: Address: THE NETHERLANDS, City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition EL MASRY, PATRICIA Name: Name: SLOTERWEG 327, 1171 VC, BADHOE VEDORP Address: Address: City-St-Zip: THE NETHERLANDS, City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH J. NELSON PD 03/15/2004