2006 FOR PROFIT CORPORATION

Fab 03 2006 08:00 AM

ANNUAL REPORT				ren 03, 2000 00:00 Ar			
DOCUMENT # P97000015196 -					Secretary	y of State	
1. Entity Name JULIANO CONSTRUCTION CORPORATION				· •			
		*					
Principal Place		ailing Address					
14597 SW 18 FORT LAUDE		4597 SW 18T CT. ORT LAUDERDALE, FL 33325					
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DO NOT WRITE IN THIS SPACE				01212006 N	o Chg-P CR2E	5034 (11/05)	
				4. FEI Number		Applied For	
				65-0749918		Not Applicable \$8.75 Additional	
				5. Certificate of Sta	Mus Cesired 🔲	Fee Required	
6. Name and Address of Current Registered Agent							
	ENRICO SR	DO NO	OT WRIT	E			
14597 SW, 18TH CT. FORT LAUDERDALE, FL 33325				IN THIS SPACE			
	·	· \		114 1 13	15 5PAC		
						<u>-</u>	
	named entity submits this statement for the tions of registered agent.	surpose of changing its registered of	ffice or register	ed agent, or both, in t	the State of Florida, I ar	n familiar with, and accept	
-							
SIGNATURE.	Signature, typed or printed name of replatered agent and title	if applicable. (NOTE) Registered Age	ontupes enulangla Inc	wnen reins(डांगपु)	OATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS					
RITLE	PSD	;	. •	a the a windown	er men	***	
NAME STREET ADDRESS	JULIANO, ENRICO SR 14597 SW 18TH CT.	ı					
CITY-ST-ZiP	DAVIE, FL 33325	:			Circuration (AC 2	۱ ۵	
TITLE	S WOOLENED SHEAM			02	7,3611/000004 115/06-80/15/2	-020 1 50.00	
MAME STREET ADDRESS	WOOLEVER, SUSAN 14597 SW 18TH CT.	7				,	
CITY-ST-ZIP	DAVIE, FL 33325						
TITLE	VP JULIANO, MICHAEL			•	# ·		
STREET ADDRESS	14597 SW 18TH CT.	5		DO N	OT MOST	- E	
CITY-ST-ZIP	DAVIE, FL 33325				OT WRIT		
TITLE NAME			• •	IN TH	IIS SPAC	E	
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>						
HAME							
STREET ADDRESS	}	1					

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP

SIGNATURE: