


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-31-2008 90030 046 ***150.00

DOCUMENT # P97000015196

1. Entity Name
JULIANO CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
 14597 SW 18T CT. 14597 SW 18T CT.
 FORT LAUDERDALE, FL 33325 FORT LAUDERDALE, FL 33325

66002627



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3801 N.W. 115TH TERRACE **3801 N.W. 115TH TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State City & State
SUNRISE, FL **SUNRISE, FL**
 Zip Country Zip Country
33323 **33323**

4. FEI Number Applied For
65-0749915 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JULIANO, ENRICO SR
14597 SW. 18TH CT.
FORT LAUDERDALE, FL 33325

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3801 N.W. 115TH TERRACE
 City State Zip Code
SUNRISE FL 33323

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 *Enrico Juliano* E.S.J. 954 749-4660 3/29/08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JULIANO, ENRICO SR 14597 SW 18TH CT. DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3801 N.W. 115TH TERRACE SUNRISE, FL 3323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.

SIGNATURE: *Enrico Juliano* ENRICO JULIANO 3/3/08 954 749-9806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #