

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000037676

1. Entity Name  
JULIE'S CAFE OF JACKSONVILLE, INC.



**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
5100 SUNBEAM ROAD NO. 4  
JACKSONVILLE, FL 32257

Mailing Address  
5100 SUNBEAM ROAD NO. 4  
JACKSONVILLE, FL 32257



04142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3444361

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ZUMOT, MAJED  
5100 SUNBEAM ROAD NO. 4  
JACKSONVILLE, FL 32257

**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, 2007 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  
PD  
ZUMOT, MAJED  
5100 SUNBEAM ROAD NO. 4  
JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ZUMOT, AYLIN  
4270 TANGLEWILDE DR S  
JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000713634  
04/26/07-80097-016 150.00

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #