

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 024 ***150.00

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1. Entity Name
JOOU-JOOU CORPORATION



Principal Place of Business
**452 WEST FLAGLER STREET
MIAMI, FL 33130**

Mailing Address
**753 NW 12TH COURT
MIAMI, FL 33125**

50021070



2. Principal Place of Business
753 NW 12TH COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06012006

Chg-P

CR2E034 (11/05)

City & State
MIAMI FL 33125

City & State

4. FEI Number
65-0793866

Applied For
Not Applicable

Zip
33125

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**QUIROZ, FIDELINA U
452 WEST FLAGLER STREET
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **FIDELINA U QUIROZ**

Street Address (P.O. Box Number is Not Acceptable)

753 NW 12TH COURT

City **MIAMI**

FL

Zip Code **33125**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEE, JULIO**
STREET ADDRESS **130 SW 5 AVE, APT. 4**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **D** ☐ Delete
NAME **QUIROZ, FIDELINA U**
STREET ADDRESS **753 NW 12 COURT**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #