2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # P97000106632 1. Entity Name JUVEDA GROUP,INC							Secret	ary of St	tate
Principal Plac	e of Business	,	Mailing Address		·	1			
705 W 103 TERRACE #9-204 PEMUROKE PINES, FL 33026			705 NW 103 TERRACE #9-204 PEMBROKE PINES, FL 33026			1 1007/1701 170 70	IIII INKII KNIII NKIII NNIN	£ 1107; #011# #1710 017## 1111	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc			Suite. Apt. #, etc.			04142004	Chg-P	CR2E034 (10/0	3)
City & State			City & State		4. FEI Number 65-08084	197		Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Requ	Additional ured
	6. Name	and Address of Current F	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
ADEYIGA,	лише д				Name				
705 NW 103 TERRACE #9-204 PEMBROKE PINES, FL 33026					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip C	lode
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contributio					neing \$5.	.00 May Be ed to Fees	U00000 04/26/04	0128494 -80039-019	150.00
10.		OFFICERS AND E	DIRECTORS 11.			ADDITIONS/CF	HANGES TO OFFIC	CERS AND DIRECT	ORS IN 11
TITLE	D Delete			TITLE	-			Chang	ge 🔲 Addition
NAME	ADEYIGA,		. NAM						
STREET ADDRESS CITY-ST-ZIP		03 TERRACE #9-204 (E PINES EL 33026			ET ADDRESS -ST-ZIP				
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NAME	Delete ADEYIGA, VALDA J			NAM				☐ Chang	je 🗌 Addition
STREET ADDRESS	705 NW 10	3 TERRACE #9-204		STRE	EL AUDPESS				İ
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NAME STREET ADDRESS				NAME	ET ADDRESS				
CITY-ST-ZIP					SI-ZIP				
	certify that the	information supplied with I	his filing does not qualify for			ction 119.07/3\/ii	Florida Statutes 14	further certify that the	e information
12. I hereby certify that the information supplied with this filing does not qualify 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 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									