

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

05-02-2006 90190 016 ***300.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000106632
1. Entity Name JUVEDA Group, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7991 Johnson Street, Suite A Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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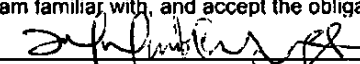
City & State Pembroke Pines, FL	City & State
Zip 33024	Country

4. FEI Number 65-0808497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Julius A. Adeyiga	
Street Address (P.O. Box Number is Not Acceptable) 7991 Johnson Street, Suite A	
City Pembroke Pines	Zip Code 33024
City	FL

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  **DATE** 8/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Julius A. Adeyiga 8579 SW 23rd Court Miramar, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Valda J. Adeyiga 8579 SW 23rd Court Miramar, FL 33025
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Julius A. Adeyiga **Date** 4/26/2006 **Daytime Phone #** (954)986-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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