


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000106632		
1. Entity Name JUVEDA GROUP, INC		

Principal Place of Business 7991 JOHNSON STREET SUITE A PEMBROKE PINES, FL 33024 US	Mailing Address 7991 JOHNSON STREET SUITE A PEMBROKE PINES, FL 33024 US
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FILED
08 MAY 16 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252008 No Chg-P CR2E034 (11/05)

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

ADEYIGA, JULIUS A
7991 JOHNSON STREET
SUITE A
PEMBROKE PINES, FL 33024

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADEYIGA, JULIUS 8579 SW 23RD COURT MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADEYIGA, VALDA J 8579 SW 23RD COURT MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Handwritten Signature]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/05/08--01006--017 **500.00

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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: *[Handwritten Signature]* President Date: 04/25/08 Daytime Phone #: (954) 986-2920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR