


**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P98000001550</b> 1. Entity Name <b>JUANA'S, INC.</b>	
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44038719

Principal Place of Business <b>1451 NAVANNE BEACH CSWY                  NAVARRE BEACH, FL 32566 US</b>	Mailing Address <b>1469 ALABAMA                  NAVARRE BEACH, FL 32566</b>
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04122004 No Chg-P CR2E034 (10/03)

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4. FEI Number <b>59-3501037</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VALLINA, JASON                  1469 ALABAMA                  NAVARRE BEACH, FL 32566</b>	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE                  IN THIS SPACE</p>
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when re-issuing) DATE

<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RUDZKI, STEVEN C
STREET ADDRESS	1469 ALABAMA
CITY - ST - ZIP	NAVARRE BEACH, FL 32566
TITLE	D
NAME	RUDZKI, JANET-H
STREET ADDRESS	1469 ALABAMA
CITY - ST - ZIP	NAVARRE BEACH, FL 32566
TITLE	S
NAME	MANEUSO, DIANE
STREET ADDRESS	<del>6700 STATE ROAD 100</del> P.O. Box 6582
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE  
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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 Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:  **JASON VALLINA** 4/20/04 850-723-1426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone