
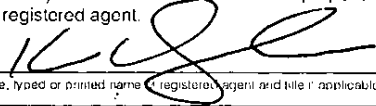



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90072 039 ***150.00

DOCUMENT # P98000001550					
1. Entity Name JUANA'S, INC.					
Principal Place of Business 1451 NAVANNE BEACH CSWY NAVARRE BEACH FL 32566 US			Mailing Address 1469 ALABAMA NAVARRE BEACH FL 32566		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1433 Alabama St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Navarre Bch FL			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32566		32566	Santa Rosa		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALLINA, JASON 1469 ALABAMA NAVARRE BEACH FL 32566			Name Kevin Rudzki		
			Street Address (P.O. Box Number is Not Acceptable) 1433 Alabama St		
			City Navarre Bch FL Zip Code 32566		
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 4/20/07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDZKI, STEVEN C		NAME	Kevin Rudzki	
STREET ADDRESS	1469 ALABAMA		STREET ADDRESS	1433 Alabama St	
CITY-ST-ZIP	NAVARRE BEACH FL 32566		CITY-ST-ZIP	Navarre Bch FL 32566	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDZKI, JANET H		NAME		
STREET ADDRESS	1469 ALABAMA		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE BEACH FL 32566		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANEUSO, DIANE		NAME		
STREET ADDRESS	PO BOX 6582		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			DATE: 4/20/07 DAYTIME PHONE: 850-582-7910		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					