

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90019 021 \*\*\*150.00

DOCUMENT # P98000088221

1. Entity Name  
JUL'S MOLD, CORP.



Principal Place of Business

~~2121 W 76TH ST~~  
~~HALEAH, FL 33016~~  
3348 PACKARD AVE  
ST. CLOUD, FL 33772

Mailing Address

~~2121 W 76TH ST~~  
~~HALEAH, FL 33016~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0869716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, LOUIS  
3121 W 76TH ST  
HALEAH, FL 33016  
3348 PACKARD AVE.  
ST. CLOUD, FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*L. Aguilar*

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

(NOTE: Registered Agent signature required when re-registering)

01-20-05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME AGUILAR, LOUIS  
STREET ADDRESS 16208 SW 20 ST.  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE SD ☐ Delete  
NAME AGUILAR, LIGIA M  
STREET ADDRESS 16208 SW 20 ST.  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Aguilas Louis  
STREET ADDRESS 3348 PACKARD AVE  
CITY-ST-ZIP St. Cloud FL 33772

TITLE SD ☒ Change ☐ Addition  
NAME Aguilas Ligia M.  
STREET ADDRESS 3348 PACKARD AVE  
CITY-ST-ZIP Saint Cloud FL 33772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: x

*L. Aguilar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS AGUILAS PERSON

1-20-05

Date

407 729-6091

Daytime Phone #

ATTACHMENT

#98000088221

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50032980

Note:

Please see the  
change of Address  
and update informa-  
tion. Thank you  
Louis Oguilar