

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000065881

**Entity Name:** GRUPO JULIA, CORP.

**Current Principal Place of Business:**

5400 NW 32 AVE  
BAY #2  
MIAMI, FL 33142

**Current Mailing Address:**

5400 NW 32 AVE  
BAY #2  
MIAMI, FL 33142 US

**FEI Number:** 33-1225122

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEJIAS, ALFONSO  
5400 NW 32 AVE BAY #2  
MIAMI, FL 33142 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPTS  
Name ADELL DUACASTELLA, JOSE F  
Address CALLE PABLO IGLESIAS, 84, 08908  
City-State-Zip: L'HOSPITALET BARCELONA SPAIN

Title VS  
Name LOPEZ, DANIEL ALONSO  
Address CALLE PABLO IGLESIAS, 84, 08908  
City-State-Zip: L'HOSPITALET BARCELONA SPAIN

Title V  
Name DUACASTELLA, SONIA ADELL  
Address CALLE PABLO IGLESIAS, 84, 08908  
City-State-Zip: L'HOSPITALET BARCELONA SPAIN

Title V  
Name ANTONIO, JOSE ADELL  
Address CALLE PABLO IGLESIAS, 84, 08908  
City-State-Zip: L'HOSPITALET BARCELONA SPAIN

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE F ADELL DUACASTELLA

**PRESIDENT**

**08/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date