2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M26276

1. Entity Name
JOSEPH HELD COMPANY

Principal Place of Business	Mailing Address
ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301 US	ONE EAST BROWARD BLVD. SUITE 1010 FORT LAUDERDALE, FL 33301 US

01172008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2637838		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, MANELLA H ESQ
ONE EAST BROWARD BLVD.
SUITE 1010
FORT LAUDERDALE, FL 33301

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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 signature required when reinstating)

DATE 2/17/08

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

U00000794132
01/25/08-80036-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HELD, KENNETH S
STREET ADDRESS	1900 GLADES RD STE 220
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/17/08   561-394-

Daytime Phone #