FROM : JOCLABD FAX NO. :3055979300 Jul. 06 2005 03:41PM P1

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/19/2004-90051-021-$150.00-$150.00

05 JUL 12 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

6/6/05 01026 004 $300.00
6/6/05 01026 005 $8.75

DOCUMENT # P03000025679

1. Entity Name
JOCLABD, INC.
861051106

Principal Place of Business
9020 NW 8 ST APT 410 121
MIAMI, FL 33172

Mailing Address
P.O. BOX 227232 228263
MIAMI, FL 33122

2. Principal Place of Business		3. Mailing Address	
		PO BOX 228263	
Suite, Apt. #, etc. 8181 NW 36 st Suite#208		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country U.S.A	Zip 33122	Country U.S.A

CR2E034 (10/03)

4. FEI Number 86-1051106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, CLARA
9020 NW 8 ST APT 410
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name SANCHEZ, CLARA
Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36 St. Suite # 208
City MIAMI FL Zip Code 33166

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] 06-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANCHEZ, CLARA 9020 NW 8 ST APT 410 MIAMI, FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SANCHEZ, CLARA 8181 NW 36 st Suite # 208 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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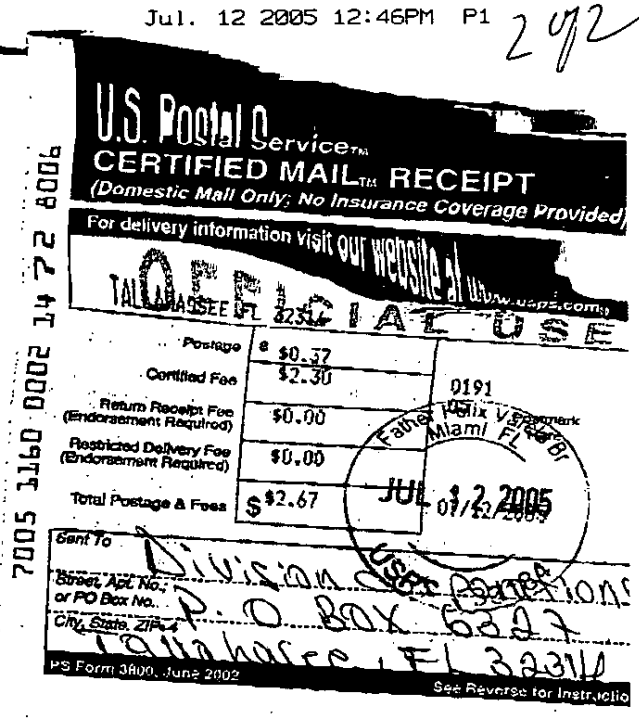

JOCLABD INC

PHONE 305-597-9300

FEIN 86-1051106

8181 NW 36 ST SUITE 20B

MIAMI FL 33166

PO BOX 228263

MIAMI FL 33122

To Whom It May Concern;

This letter is to notify that we are sending the form required. In the year 2003 and 2004 we send the check. We need the corporation to be active because it is affecting the company. We already send the check that you ask for $300. Thank you for your cooperation!

Did not received 2004 AR, was return by post office

I didnt get nothing by the mail, just the letter with the amount that i alredy paid.

Sincerely,

CLARA SANCHEZ

PRESIDENT