

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S32277**  
 1. Entity Name  
**JOE MARKET, INC.**



Principal Place of Business: **6420 SW 62 AVE. SO. MIAMI FL 33143**  
 Mailing Address: **6420 SW 62 AVE. SO. MIAMI FL 33143**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **59-3053627**  
 Applied For:  Not Applied

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

6. Name and Address of Current Registered Agent  
**FEUER, JEFFREY M.  
 20466 S DIXIE HWY.  
 MIAMI FL 33143**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: <b>PST</b>	NAME: <b>JADALLAH, SALMAN</b> <input type="checkbox"/> Delete
STREET ADDRESS: <b>6420 SW 62 AVE.</b>	
CITY-ST-ZIP: <b>S MIAMI FL</b>	
TITLE:	NAME: <input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> Delete
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS:	
CITY-ST-ZIP:	

**U00000518236**  
**05/02/06-80002-016 150.00**

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: **4/13/06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR