


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State


04-30-2004 90315 014 ***150.00

DOCUMENT # 157845
 1. Entity Name
JOE'S STONE CRABS, INC.



Principal Place of Business Mailing Address
11 WASHINGTON AVE **11 WASHINGTON AVE**
MIAMI BCH, FL 33139 **MIAMI BCH, FL 33139**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0601879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAWITZ, S.
11 WASHINGTON AVE
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

B. 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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, JOANN S. 400 S POINTE DR #1302 11 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWITZ, IRWIN 13001 S.W. 10TH AVE. 11 WASHINGTON AVE MIAMI, FL MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAWITZ, STEPHEN 11 WASHINGTON AVE MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERSHEY, JODI 11 WASHINGTON AVE MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FINE, MARC J 11 WASHINGTON AVE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Stephen Sawitz* **TREASURER** **4/24/04** **(305) 970 8964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #