


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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**

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

City & State City & State
 Zip Country Zip Country



03032005 Chg-P CR2E034 (10/03)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASS, JOANN S.	
STREET ADDRESS	11 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWITZ, IRWIN	
STREET ADDRESS	11 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAWITZ, STEPHEN	
STREET ADDRESS	11 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERSHEY, JODI	
STREET ADDRESS	11 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI BCH, FL 33139	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	FINE, MARC J	
STREET ADDRESS	11 WASHINGTON AVE	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000344447	
STREET ADDRESS	04/29/05-80138-003 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4/25/05 (305) 970-8764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #