

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90034 026 ***150.00

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1. Entity Name
JOEDENA ENTERPRISES, INC.



Principal Place of Business
1716 CAPE CORAL PKWY.
CAPE CORAL, FL 33904

Mailing Address
1716 CAPE CORAL PKWY.
CAPE CORAL, FL 33904

40039151



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1724674

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALOIA, FRANK J.
1716 CAPE CORAL PKWY.
CAPE CORAL, FL 33904

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:

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OTERO, CESAR J.
STREET ADDRESS HWY. 2, 103.6 K, GUAJATACA, P.O. BOX 888
CITY-ST-ZIP QUEBRADILLAS, PUERTO RICO, 00678

TITLE D ☐ Delete
NAME OTERO, DEANNA M.
STREET ADDRESS HWY. 2, 103.6 K, GUAJATACA, P.O. BOX 888
CITY-ST-ZIP QUEBRADILLAS, PUERTO RICO, 00678

TITLE SD ☐ Delete
NAME OTERO, UNA J.
STREET ADDRESS HWY. 2, 103.6 K, GUAJATACA, P.O. BOX 888
CITY-ST-ZIP QUEBRADILLAS, PUERTO RICO, 00678

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-01-08