## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #640149**

1. Entity Name DET H. JOKS, P.A.



Principal Place of Business

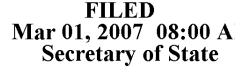
10689 NORTH KENDALL DRIVE

STE 310 MIAMI, FL 33176 Mailing Address

10689 NORTH KENDALL DRIVE

STE 310

MIAMI, FL 33176





DO NOT WRITE IN THIS SPACE

02262007 No Chg-P CR2E034 (11/05)

4. FEI Number | A

Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

59-1930019

Fee Required

Applied For

6. Name and Address of Current Registered Agent

JOKS, DET H. 10689 NORTH KENDALL DRIVE SUITE 310 MIAMI, FL 33176 DO NOT WRITE IN THIS SPACE

			100 mg 100 mg 100 mg 100 mg			
	named entity submits this statement for the $\ensuremath{\wp}$ ions of registered agent.	ourpose of changing its register	ed office or re	gistered agent, or bo	th, in the State of Florida	I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent aignature required when rematating)  DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			The Allerton	60.00 (S. 1814) (A. 1814)	CARTING STREET	9.00.41.50.41.00.47.09
MIE	PD					
NAME	JOKS, DET H.					
STREET ADDRESS	10689 N KENDALL DR #310			Marketin Street		
CITY-ST-ZIP	MIAMI, FL					
TITLE	ST		17			293 0012-0193150:00
NAME	JOKS, DET H.			100000000000000000000000000000000000000	\$\\\03\\\2\\\07\\\8\\	01240197150200
STREET ADDRESS	10689 N KENDALL DR #310					

TITLE
NAME
JOKS, DET H.
STREET ADDRESS
CITY-ST-ZIP
MILAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
HAME
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 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 gapewered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PROVIDED IN

GHING OFFICER OR DIRECTOR

-26-07

Daytime Phone #