

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 640149

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

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

10689 NORTH KENDALL DRIVE
STE 310
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10689 NORTH KENDALL DRIVE
STE 310
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-1930019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOKS, DET H.
10689 NORTH KENDALL DRIVE
SUITE 310
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOKS, DET H.,
Address: 10689 N KENDALL DR #310
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: JOKS, DET H.,
Address: 10689 N KENDALL DR #310
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOKS, DET H PD
Address: 10689 N KENDALL DR #310
City-St-Zip: MIAMI, FL

Title: ST (X) Change () Addition
Name: JOKS, DET H ST
Address: 10689 N KENDALL DR #310
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DET H. JOKS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date