


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

|   |  |  |
|---|--|--|
| <b>DOCUMENT # 698952</b>                          |  |  |
| 1. Entity Name<br><b>JODEL INTERNATIONAL INC.</b> |  |  |

|   |   |
|---|---|
| Principal Place of Business<br><b>% JOSEPH FARLS<br/>7603 SW 105TH AVE<br/>MIAMI FL 33173</b> | Mailing Address<br><b>% JOSEPH FARLS<br/>7603 SW 105TH AVE<br/>MIAMI FL 33173</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E034 (10/05)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>FARLS, JOSEPH<br/>7603 SW 105TH AVE<br/>MIAMI FL 33173</b> |  |
|--|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | 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 certifying) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                            |                   |                                 |  |   |  |  |  |
|----------------------------|-------------------|---------------------------------|--|---|--|--|--|
| 10. OFFICERS AND DIRECTORS |                   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |  |
| TITLE                      | PTD               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | FARLS, JOSEPH     |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 7603 SW 105TH AVE |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | MIAMI FL          |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      | VSD               | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       | FARLS, DARLENE    |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             | 7603 SW 105TH AVE |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                | MIAMI FL          |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                   |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                   |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |  |  |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME                       |                   |                                 |  | NAME  |  |  |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |  |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph P. Farls II **Joseph P. FARLS II 2-14-06 279 371**