


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90029 015 \*\*\*150.00

DOCUMENT # <b>F17386</b>	
1. Entity Name <b>Joan Paige Inc</b>	

**DO NOT WRITE IN THIS SPACE**

**66007284**

2. Principal Place of Business <b>5134 N.W. 94 Doral Fl</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Doral, FL</b>		City & State	
Zip <b>33178</b>	Country	Zip	Country

CR2E034B (8/05)

4. FEI Number <b>59-2074035</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Joan Paige</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>5134 N.W. 94 Doral Fl</b>	
	City <b>Doral</b>	Zip Code <b>FL 33178</b>

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 *Joan Paige* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 (May 1 Fee is \$150.00)  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda Paige 37 Stone Ledge Rd V.P USA, NJ 07458</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Joan Paige Pres. 5134 N.W. 94 Doral Fl</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Miami, Fl. 33178</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Joan Paige* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



ATTACHMENT  
66007284

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

JOAN PAIGE, INC.  
5134 N.W. 94 DORAL PL  
MIAMI, FL 33178-2038

Subject: **JOAN PAIGE, INC.**

Reference Number: **F17386**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION