


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 037 ***150.00

DOCUMENT # F17386 1. Entity Name JOAN PAIGE, INC.					
Principal Place of Business 5134 N.W. 94 DORAL PL MIAMI, FL 33178			Mailing Address 5134 N.W. 94 DORAL PL MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 1406 MEADOWS Blvd		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Weston, FL		City & State 		4. FEI Number 59-2074035	
Zip 33327		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAIGE, JOAN 5134 NW 94 DORAL PL MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1406 MEADOWS Blvd City WESTON FL Zip Code 33327	
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 <i>Joan Paige</i> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PAIGE, JOAN D <input type="checkbox"/> Delete 5134 NW 94 DORAL PL MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1406 Meadows Blvd <input type="checkbox"/> Change <input type="checkbox"/> Addition Weston, FL 33327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AUGUST, LINDA <input type="checkbox"/> Delete 5134 NW 94 DORAL PL MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1406 Meadows Blvd <input type="checkbox"/> Change <input type="checkbox"/> Addition Weston, FL 33327	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

Joan Paige