

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90575 044 \*\*\*150.00

**DOCUMENT # F97000003071**

1. Entity Name

JOJOS RESTAURANTS, INC.



Principal Place of Business

3355 MICHELSON DRIVE  
350  
IRVINE CA 92612  
US

Mailing Address

3355 MICHELSON DRIVE  
350  
IRVINE CA 92612  
US

2. Principal Place of Business

5780 Fleet St.

3. Mailing Address

5780 Fleet St.

Suite, Apt. #, etc.

#250

Suite, Apt. #, etc.

#250

City & State

Carlsbad CA

City & State

Carlsbad CA

Zip

92008

Country

USA

Zip

92008

Country

USA

4. FEI Number

95-2407223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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	PVT	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, J. JEFFREY	
STREET ADDRESS	3355 MICHELSON DR., STE 350	
CITY-ST-ZIP	IRVINE CA 92612	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PICKWELL, TIMOTHY	
STREET ADDRESS	3355 MICHELSON DR #350	
CITY-ST-ZIP	IRVINE CA 92612	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMON, FREDERICK	
STREET ADDRESS	411 W PATTERSON AVE	
CITY-ST-ZIP	GREENWICH CT 06830	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, J. Jeffrey	
STREET ADDRESS	5780 Fleet St. #250	
CITY-ST-ZIP	Carlsbad CA 92008	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pickwell, Timothy	
STREET ADDRESS	5780 Fleet St. #250	
CITY-ST-ZIP	Carlsbad CA 92008	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simon, Frederick	
STREET ADDRESS	411 W. PUTNAM AVE	
CITY-ST-ZIP	greenwich CT 06830	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address with all other ~~the~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Pickwell, Secretary 4/24/04 760-4765190

Date

Daytime Phone #