

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36738

Entity Name: JOBA, INC.

FILED  
Jan 12, 2004  
Secretary of State

## Current Principal Place of Business:

440 S. FEDERAL HIGHWAY #206  
P.O. BOX 1053  
DEERFIELD BEACH, FL 334438053

## New Principal Place of Business:

## Current Mailing Address:

440 S. FEDERAL HIGHWAY #206  
P.O. BOX 1053  
DEERFIELD BEACH, FL 334431053

## New Mailing Address:

FEI Number: 65-0167816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PINCISS, BARRY P MR.  
ONE N BREAKERS ROW  
PALM BEACH, FL 33480

## Name and Address of New Registered Agent:

PINCISS, BARRY P MR.  
440 S. FEDERAL HWY.  
STE #206  
DEERFIELD BEACH, FL 33441

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:

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PINCISS, BARRY,  
Address: 440 S. FEDERAL HWY  
City-St-Zip: DEERFIELD BEACH, FL

Title: DV ( ) Delete  
Name: WARSHAVER, JOANNE,  
Address: 440 S. FEDERAL HWY  
City-St-Zip: DEERFIELD BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: PINCISS, BARRY,  
Address: 440 S. FEDERAL HWY, STE # 206  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DV (X) Change ( ) Addition  
Name: WARSHAVER, JOANNE,  
Address: 440 S. FEDERAL HWY., STE #206  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY P. PINCISS

MR.

01/12/2004

Electronic Signature of Signing Officer or Director

Date