


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90050 004 ***150.00

DOCUMENT # L68589 1. Entity Name JOECO HOLDINGS USA, INC.					
Principal Place of Business 1912 SOUTH OCEAN DRIVE APT # 20-A HALLANDALE, FL 33009-7920 US			Mailing Address 1912 SOUTH OCEAN DRIVE APT # 20-A HALLANDALE, FL 33009-7920 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2020 NE 163rd St			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300			
City & State		City & State N. M. B., FL			
Zip	Country	Zip 33162	Country USA	4. FEI Number 65-0196418	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, KENNETH A. ESQ 3107 STIRLING ROAD SUITE 308 FT. LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name FRIEDMAN, KENNETH A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 2020 NE 163 Street Suite 300 City N. M. B. FL Zip Code 33162		
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 <u><i>Kenneth A. Friedman</i></u> DATE <u>4/8/08</u> <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	DPST MILLER, ALLAN 1912 SOUTH OCEAN DRIVE., APT 20A HALLANDALE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MILLER, ALLAN 1912 SOUTH OCEAN DRIVE., APT 20A HALLANDALE, FL		<input type="checkbox"/> Delete		
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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: <u><i>Allan Miller</i></u> ALLAN MILLER			APRIL-01-2008 514-592-2233		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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