

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M43228

1. Entity Name
JOINT PROPERTIES CORP.



04 MAR 26 PM 1:16

TALLAHASSEE, FLORIDA

Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2754832

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA
ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

DO NOT WRITE
IN THIS SPACE

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]
Signature, typed or printed name of registered agent and state if applicable.

AMADA CANTERA LOPEZ

3-15-04

(NOTE: Registered Agent signature required when restating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DE BUSQUETS, CARMEN B
STREET ADDRESS 2525 W 4TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE VD
NAME BUSQUETS, JOSE
STREET ADDRESS 2525 W 4TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE SD
NAME BUSQUETS, CARMEN
STREET ADDRESS 2525 W 4TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

Daytime Phone #

JOSE BUSQUETS