

DO NOT WRITE IN THIS SPACE

FILED Apr 28, 2008 08:00 AN Secretary of State

DOCUMENT # N15784

1. Entity Name

ST. JOSEPH'S ENTERPRISES, INC.



Principal Place of Business

3001 W. DR. M.L.K, JR. BLVD TAMPA, FL 33607 US Mailing Address

3001 W. DR. M.L.K, JR. BLVD ATTN: ISAAC MALLAH TAMPA, FL 33607 US



04152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2822516

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLAH, ISAAC 3001 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607

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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

Filing Fee is \$61.25 Due by May 1, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000925365 05/20/08-80024-020 61.25

	Due by May 1, 2008	Trust Fund Contribution,
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YODER, CATHY 3001 W. DR. M.L.K, JR. BLVD TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUBIN, MIKE 3001 W. DR. M.L.K, JR. BLVD TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLAH, ISAAC 3001 W. DR. M.L.K. JR. BLVD. TAMPA, FL 33607	
TITLE NAME STREET ADOPESS CITY-ST-ZIP	D VAALER, MARK M.D. 3001 W. DR. M.L.K., JR. BLVD. TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUTTON, LORRAINE 3001 W. DR. M.L.K. JR. BLVD. TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachmen with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR OPING HAME OF SIGNING OFFICER OR OFFICER

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1813) 870-4020