

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90080 040 ***150.00

DOCUMENT # P0000002211

1. Entity Name
 JOE'S RELOCATION SERVICES, INC.



Principal Place of Business
 1901 S.W. 133RD AVENUE
 MIRAMAR, FL 33027

Mailing Address
 1901 S.W. 133RD AVENUE
 MIRAMAR, FL 33027

2. Principal Place of Business
 9390 N.W. 100 ST.

3. Mailing Address
 9390 N.W. 100 ST.



01132004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0973861

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
 Miami, FL

City & State
 Miami, FL

Zip 33178 Country U.S.A.

Zip 33178 Country U.S.A.

6. Name and Address of Current Registered Agent.

BALUJA, JOSE M
 1901 S.W. 133RD AVENUE
 MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name JOSE. M. BALUJA.
 Street Address (P.O. Box Number is Not Acceptable)
5350 S.W. 186th Ave
 City S.W. Branches FL 33332

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]

Pres: Jose M

4/12/04

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALUJA, JOSE M 1901 S.W. 133RD AVENUE MIRAMAR, FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. JOSE. M. BALUJA. 5350 S.W. 186th Ave. Miami, FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/12/04
 Date

Daytime Phone #