


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000020845	
1. Entity Name JOE'S OCEAN MARKET, INC.	

Principal Place of Business 900 N. OCEAN DRIVE HOLLYWOOD, FL 33019	Mailing Address 900 N. OCEAN DRIVE HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0984839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KAHOOK, NOFAL  
900 N. OCEAN DRIVE  
HOLLYWOOD, FL 33019

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, 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHOOK, NOFAL 900 N. OCEAN DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARLETT, WILLIAM 323 MONROE ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000330564  
04/25/05-80164-010 150.00

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: Will Bartlett 4-21-05 954-923-9325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #