2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90354 026 ***158.75 **DOCUMENT # P00000046969** 1. Entity Name JOSĆO COMPANY Principal Place of Business Mailing Address 50040925 11300 US HWY. ONE, STE. 203 11300 US HWY. ONE, STE. 203 NORTH PALM BEACH, FL 33408-3208 NORTH PALM BEACH, FL 33408-3208 2. Principal Place of Business 3. Mailing Address 2401 PGA Blvd. 2401 PGA Blvd. Suite, Apt # etc Suite, Apt. #, etc. 03032005 Chg-P CR2E034 (10/03) Palm Beach Gardens, FL City & State
Palm Beach Gardens, FL Applied For 4. FEI Number 65-0757636 Not Applicable 溪 Countr \$8.75 Additional 33410 33410 USA USA 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Max Fricker</u> FRICKER, H. MAX Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd 11300 US HWY, ONE, STE. 203 NORTH PALM BEACH, FL 33408-3208 Ste. 148 ^{Cit}Palm Beach Gardens 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 a H. Max Fricker 3-15-05 Signature, type registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition Delete TITLE FRICKER, H. MAX H. Max Fricker NAME NAME STREET ADDRESS 11300 U.S. HWY #1, STE. #203 STREET ADDRESS 2401 PGA Blvd., Suite 148 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIE Palm Beach Gardens, Fl 33410 TITLE ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition Сћалде NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 applicators, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

H. Max Fricker

3-15**-**05

561-625-1005

FILED