


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000055177	
1. Entity Name JOENEL, INC.	

Principal Place of Business 777 NW 72ND AVENUE SUITE 3-G-8 MIAMI, FL 33126	Mailing Address 777 NW 72ND AVENUE SUITE 3-G-8 MIAMI, FL 33126
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1039212	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 MAYA, JOE 777 NW 72ND AVENUE SUITE 3G8 MIAMI, FL 33126
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD MAYA, JOSE 777 NW 72ND AVENUE #3-G-16 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CASTELLANOS, NELSON F 5625 SW 60TH AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/24/06-80014-013 150.00

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 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] 1-16-06 305-265-9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #