


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name JOAN EXPRESS, INC.				FILED 04 MAY 27 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1 HARGROVE GRADE PALM COAST, FL 32137		Mailing Address 1 HARGROVE GRADE PALM COAST, FL 32137		0320203 05/03/04 91022 004	
2. Principal Place of Business 1 HARGROVE GRADE Suite, Apt. #, etc. Suite 2E		3. Mailing Address 1 HARGROVE GRADE Suite, Apt. #, etc. Suite 2E		4. FEI Number 59-5709357	
City & State Palm Coast, FL		City & State Palm Coast, FL		Applied For Not Applicable	
Zip 32137		Country		5. Certificate of Status Desired \$8.75	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. \$5.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRAYTER, VLADISLAV 53 SAINT ANDREW CT. PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRAYTER, Vladislav 6 FLAMINGO CT Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Vladislav Krayter 5-26-04 386-246-6061 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					