

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000036877

1. Entity Name
JOLI GROUP, INC.



Principal Place of Business
2826 SW PORT ST LUCIE
PORT SAINT LUCIE, FL 34953 US

Mailing Address
321 SE. CORK RD.
PORT ST. LUCIE, FL 34984 US



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3795401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSEPH
321 SE. CORK RD.
PORT ST. LUCIE, FL 34984

**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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, JOSEPH
STREET ADDRESS 321 SE. CORK RD.
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE VSD
NAME RODRIGUEZ, LISA ANN
STREET ADDRESS 321 SE. CORK RD.
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000353123
05/03/05-80055-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Lisa Rodriguez LISA RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 7723443424
Date Daytime Phone #