

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000054094

Entity Name
JOA, INC.



FILED

05 MAY 31 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1109055** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

DULCE, JORGE R
711 N.E. 76 TERR
PEMBROKE PINES, FL 33024

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 reconstituting)

DATE

Amended AR is \$81.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DULCE, JORGE R
STREET ADDRESS 711 N.E. 76 TERR
CITY - ST - ZIP PEMBROKE PINES, FL 33024

TITLE Vice President ☐ Delete
NAME Nicolas Viola
STREET ADDRESS 711 NE 76 Terr
CITY - ST - ZIP Pembroke Pines, FL. 33024

TITLE Vice President ☐ Delete
NAME Estefany Andoro
STREET ADDRESS 711 NE 76 Terr
CITY - ST - ZIP Pembroke Pines, FL. 33024

TITLE Vice President ☐ Delete
NAME Christian Viola
STREET ADDRESS 711 NE 76 Terr
CITY - ST - ZIP Pembroke Pines, FL. 33024

TITLE Vice President ☐ Delete
NAME Guillermo Viola
STREET ADDRESS 711 NE 76 Terr
CITY - ST - ZIP Pembroke Pines, FL. 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME 5800558376195
STREET ADDRESS 06/07/05--01010--004
CITY - ST - ZIP **61.25

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge Dulce Pres. 3/7/05 (954) 965-0722