## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 12, 2003 8:00 am Secretary of State

STREET ADDRESS CITY-ST-ZIP  BOCR RATON, PL. 33432  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P02000049558  1. Entity Name SHOELESS JOE ANNEX, INC.						. 05-2	7-2003 901:	, 58 040 **	*150.00	
2. Principal Place of Businesse  Suito, Apt. 4, etc.  Suito, Apt. 5, etc.  Suito, Apt. 5, etc.  City & State  City	2 EAST CAMINO REAL 2 EAST CAMINO REAL SUITE 100							·	190211	JUU	
Sullo, Apt. 4, std.  City & State  City & St	BOCA RATON	I FL 33432	BOCA RATON FL 33432					j.,	1		
City & State  A. FEI Number of Children Place P Marking GRANCES  Not Country  Zip  Country  Zip  Country  A. Fel Number of Children P Marking GRANCES  B. Conflicted and Substance Desired  Signature and Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  Signature Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  NAVON, SAMUEL D  Signature Address of New Registered Agent  Signature Address of New Registered Agent  Signature Agent	Principal Place of Business     3. Mailing Address							!	<u>                                     </u>		
Special Country  Zip  Country  Zip  Country  S. Confliction of Status Desired  State Address of Damen Registered Agant  7. Name and Address of Name Registered Agant  7. Name Agant Agant  8. Redistance Agant  8. Red Address of Name Registered Agant  8. Red Address of Name Registered Agant  9. Election Campsign Financing  9. Election Campsign Financing  10 Address of Name Registered Agant  9. Election Campsign Financing  10 Address of Name Registered Agant  10 Agant Financing  10 Address of Name Registered Agant  10 Agant Financing  10 Agant Financing  10 Agant Financin	Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES				
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NAVON, SAMUEL D 2009 STRILING ROAD SUITE 9-100 FORT AUDIENDALE FL 33312  8. The above named entity submise this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations or registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of Plorida agent agent agent agent a	Zip	Country	Zip ·	Zip · Cour					\$8,75 A	dditional	1
NAVON, SAMUEL D 2696 STREING ROAD SUFFE #100 FORT LAUDERDALE FL 33312  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 signer of agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Poyable to Florida Department of State  10N; OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  10N; 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  10N; 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  10N; 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  10N; 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  10N; 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  10N; 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECT		6. Name and Address of Current Re	gistered Agent				7. Name and Address of	New Registere	d Agent		j
Street Address JOO, Box Unimber is Not Acceptable J.  Street Address JOO, Box Lower and analyse submits this statement for the purpose of changing its registered effice or registered agent.  SIGNATURE  SIGNATU						TAS	COH-R-TA	CKSOL	V		Ì
SUITE 5-100 FORT LAUDERDALE FL 33312  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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be											1
E. The above named entity automits 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 power registered agent.  SIGNATURE  Signature power registered agent and agent						CHI	+ = # 100	—— <del>———————————————————————————————————</del>			1
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		ertify that the information supplied with thi	s filing does not quality for th	Ц		d in Sectio	on 119 07(3)(i) Florida Stati	rtos I further on	ertify that the i	nformation	

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

MATURE TO STORE PHOTACKSON

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03 561-417-480