2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90141-015-$150.00-$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000079390

1. Entity Name
JOAKIM, INC.

Principal Place of Business	Mailing Address
1902 S NEWKIRK STREET	1902 S NEWKIRK STREET
PHILADELPIA PA 19145-2418	PHILADELPIA PA 19145-2418

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Philadelphia PA	1902 S. Newkirk ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Phila	City & State PA
Zip 19145 Country USA	Zip Country

4. FEI Number 81-0562854 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS NEXIS DOCUMENT SOLUTIONS INC	Name
3953 WW KELLEY ROAD	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32311	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] 7-10-03
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
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joakim A Alvarez 1902 S. Newkirk ST Phila PA 19145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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: SIGNATURE REQUIRED [signature] 7-10-03 215 465 8357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/5

To: Justin Shivers.

As To our conversation I have enclosed my annual Report for Joakim Inc. I did Recieve my form late, Therefore I have already sent in my $150.00 in mid July. When we spoke I informed you of This and you said just send me a letter and send Back your Dissolution of Corporations form. Thanks for your help.

Sincerly
Joakim Shivers