


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **FD 2000097544**

1. Entity Name
JOSHUA ENTERTAINMENT CORP



06 OCT 30 10:40

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14964 SW 75 TRIVALE

3. Mailing Address
6256 SW 136 CT

Suite, Apt. #, etc.
E-112

DO NOT WRITE IN THIS SPACE **06**

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33193

Country
USA

Zip
33183

Country

4. FEI Number
01-0743198

Applied For

No. Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CARRERA ESTHER J**

Street Address (P.O. Box Number is not acceptable)
14964 SW 75 TRIVALE

City **Miami** FL Zip **33193**

8. The above named entry 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 *Esther J. Carreras* **10/07/06**

Signature (typed or printed name of registered agent and date of approval) (1007) Registered Agent Signature (typed name and date)

January 1 - May 1 Fees \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT ESTHER J. CARRERAS 14964 SW 75 TRIVALE Miami, Fla 33193	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	200080693442 10/10/06--01068--011 **550.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY JODE A. ORTA 6256 SW 136 CT E-112 Miami, Fla 33183	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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. 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 of an attachment with an address, with authority empowered.

SIGNATURE: *Esther J. Carreras* **10/07/06 (305) 387-3826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)