

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90047 039 \*\*\*150.00

DOCUMENT # P02000125236

1. Entity Name

JOJO FOOD GROUP, INC.



Principal Place of Business

160 W. EVERGREEN AVE., STE. 250  
LONGWOOD FL 32750

Mailing Address

160 W. EVERGREEN AVE., STE. 250  
LONGWOOD FL 32750

2. Principal Place of Business

598 S. RONALD REAGAN BLVD  
Suite, Apt. #, etc.

3. Mailing Address

598 S. RONALD REAGAN BLVD  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

LONGWOOD, FL

Zip  
32750

Country

USA

City & State

LONGWOOD, FL

Zip  
32750

Country

USA

4. FEI Number

22-3883348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TATO, MANUEL II  
160 W. EVERGREEN AVE., STE. 250  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name R. Edward Cooky, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
Shepherd, McCabe & Cooky

1450 SR 434 West, Ste 200

City LONGWOOD

FL

Zip Code 32750

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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

TITLE D ☐ Delete  
NAME TATO, MANUEL II  
STREET ADDRESS 160 W. EVERGREEN AVE., STE. 250  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 598 SOUTH RONALD REAGAN BLVD  
STREET ADDRESS LONGWOOD, FL 32750  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

407-767-9977

Daytime Phone #