2005 FOR PROFIT CORPORATION

FILED Mar 19, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

786

Applied For Not Applicable

ANNOAL REPORT				TATEFT	
DOCUMENT # P02000126000 1. Entity Name JOCA ENTERPRISES, INC.			\mathbf{S}		
Principal Place of Business	Mailing Address			·	
PO BOX 126220 HIALEAH, FL 33012	PO BOX 126220 HIALEAH, FL 33012				
DO NOT WE	NET IN THIS OR	A 0 E	03142005	No Chg-P	
DO NOT WRITE IN THIS SPACE			4. FEI Number 43-1984551		
DO NOT WE	RITE IN THIS SPA	ACE	4. FEI Number	 -	

				5. Certificate of St	atus Desired	\$8.75 Additional Fee Required
	Name and Address of Current Regist	tered Agent				
AYALA, MANUEL 555 W 15 ST HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or register	red agent, or both, in	the State of Florida	a. I am familiar with, and accept
DIGITATIONIE	Signature, typed or printed name of registered agent and title i	applicable NOTE Registers	d Agent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIREC	TORS			. 12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AYALA, MANUEL 555 W 15 ST HIALEAH, FL 33010			· - · · · · · · · · · · · · · · · · · ·	1/0000005.	70265 7044-011 150.00
NAME STREET ADDRESS CITY-ST-ZIP					·	.w.44-011 120°00
TITLE NAME STREET ADDRESS CITY-S1-ZIP			arrow towards (F. Noyala		OT WF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPA	ACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · ·	
12. I hereby of indicated of the cor changed,	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exe nd accurate and that my signal to execute this report as requi other like empowered.	nption stated in Se ure shall have the red by Chapter 607	ction 119.07(3)(l), Fic same legal effect as r, Florida Statutes; an	orida Statutes. I fur if made under oath id that my name ap	ther certify that the information i; that I am an officer or director opears in Block 10 or Block 11 if

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR