


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

EPDVNF0U!\$ P02000135417 2/ Entity Name JOAO FISHERMEN ENTERPRISES, INC.	
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Principal Place of Business 5811011 JUVISPEE 262D TVCSJF-QM44462	Mailing Address 26210101 JUVISPEE 34: QMOLEUPO-QM44435
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EP OPU X SJF JO UI JT TQ BDF



04192008 OpIDi h.Q DS3F145122016*

5/ FEI Number 16-1650179	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	9/86 Beejupobm Gf fISf r vjst e

7/ Obn f lboe!Bee f t t lpgDvsef ouSf hjt if sf e!Bhf ou

CINTRON, STEVEN
10707 NW 1 ST
PLANTATION, FL 33324

9/ 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 Steven Cintron, President S. Cintron 4/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	9/6/11 NbztCf! Bee f elup tG f t
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21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINTRON, STEVEN 10707 NW 1 ST PLANTATION, FL 33324
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05/13/08-80024-013 150.00

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23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

T.HOBVUSF: Steven Cintron 4/19/08 (954) 749-5377
T.HOBVUSF BOE LIZ OF EP S KOS LUF EIOBNF P QT.HOCHP GGDPS P S E.SFDLPS Date Daytime Phone #