2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Feb 12, 2007 08:00 AM **DOCUMENT # P03000007071 Secretary of State** 1. Entity Name JOAJJ, INC. Principal Place of Business Mailing Address 9070 D SW 22ND STREET 9070 D SW 22ND STREET BOCA RATON, FL 33428 BOCA RATON, FL 33428 CR2E034 (11/05) 02062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2077328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROVNER, STANLEY M DO NOT WRITE 9070 D SW 22ND STREET BOCA RATON, FL 33428 IN THIS SPACE 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PSD ROVNER, KATHY L NAME STREET ADDRESS 9070 D SW 22ND STREET CITY-ST-ZIP BOCA RATON, FL 33428

VTD

ROVNER, STANLEY M

9070 D SW 22ND STREET

BOCA RATON, FL 33428

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12. Thereby 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 attact ment with an address, with all other like empowered.

SIGNATURE:		$OIPIVL \subseteq Y$	M. ROVNER	2/8/07	601)423450
✓ SIGNATUR	E AND TYPED OR PRINTED NAME OF SI	GNING OFFICER OR DIRECTOR	·	Date	Daytime Phone #