## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043647

1. Entity Name

6. Name and Address of Current Registered Agent



FILED Mar 31, 2008 08:00 Al Secretary of State

Principal Place of Business

JOEBABY, INC.

715 SE 2ND AVE DELRAY BEACH, FL 33483

D

MENDOZZA, JOSEPH S 715 SE 2ND AVE

SIGNATURE:

DELRAY BEACH, FL 33483

Mailing Address

715 SE 2ND AVE DELRAY BEACH, FL 33483



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	* **		Siller Courter security "the	:1			

5. Certificate of Status Desired

65-1184567

\$8.75 Additional Fee Required

DO NOT WRITE

	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or reg	gistered agent, or bot	th, in the State of Florida. I am famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registere	d Agent signature ri	equired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		U00000873998 04/10/08-80103-001 150.00		
10.	OFFICERS AND DIREC	CTORS	1 1 1 1			* _ + · · ·
,TITLE NAME STREET ADDRESS CITY+ST-ZIP	D MENDOZZA, JOSEPH S 715 SE 2ND AVE DELRAY BEACH, FL 33483					
NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>IN</b>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the col	certify that the information supplied with this to on this report or supplemental report is true reportation or the receiver or trustee empowere , or on an attachment with an address, with a	and accurate and that my signa d to execute this report as requ	emptions cont ture shall have ired by Chapte	lained in Chapter 119 a the same legal effe er 607, Florida Statute	9, Florida Statutes. I further certify tr ct as if made under oath; that I am a es, and that my name appears in Blo	rat the information n officer or director ock 10 or Block 11 if