

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000060581**

1. Entity Name  
**JOYAL, INC.**



Principal Place of Business  
**5900 NW 44TH STREET,  
APT # 815-5  
LAUDERHILL FL 33319**

Mailing Address  
**5900 NW 44TH STREET,  
APT # 815-5  
LAUDERHILL FL 33319**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **65-1194412**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ALAN  
5900 NW 44TH STREET,  
APT # 815-5  
LAUDERHILL FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **BROWN, JOY A**  
STREET ADDRESS **5900 NW 44TH ST, APT# 815-5**  
CITY- ST- ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete  
NAME **BROWN, ALAN A**  
STREET ADDRESS **5900 NW 44TH ST, # 815-5**  
CITY- ST- ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete  
NAME **BROWN, MALIK**  
STREET ADDRESS **15860 SW 68TH TERRACE**  
CITY- ST- ZIP **MIAMI FL 33193**

TITLE ☐ Delete  
NAME **BROWN, JORDAN**  
STREET ADDRESS **12208 ARK ROAD**  
CITY- ST- ZIP **FRISCO TX 75035**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME **U000000699383**  
STREET ADDRESS **04/19/07-80040-013 150.00**  
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** *ALAN BROWN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/04/07 954 677 1724*  
Date Daytime Phone #