


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90049 046 ***150.00

DOCUMENT # P03000118801
1. Entity Name
JOALSAN DESIGN, CORP.



Principal Place of Business: **4411 N FEDERAL HWY, LOT 11, POMPANO BEACH FL 33064**
Mailing Address: **4411 N FEDERAL HWY, LOT 11, POMPANO BEACH FL 33064**

2. Principal Place of Business: **6800 NW 39th AVE, # 365**
3. Mailing Address: **6800 NW 39th AVE, # 365**

City & State: **Coconut Creek FL**
City & State: **Coconut Creek, FL**
Zip: **33073** Country: **U.S.A**
Zip: **33073** Country: **U.S.A**


MOORE CR2E034 (11/03)

4. FEI Number: **20-0322087**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SANTOS, JOSIAS A
4411 N FEDERAL HWY, LOT 11
POMPANO BEACH FL 33064
6800 NW 39th AVE, # 365
Coconut Creek, FL 33073

7. Name and Address of New Registered Agent
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]* DATE: **03.03.04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE: PD | <input checked="" type="checkbox"/> Delete |
| NAME: SANTOS, JOSIAS A | |
| STREET ADDRESS: 4411 N FEDERAL HWY, LOT 11 | |
| CITY-ST-ZIP: POMPANO BEACH FL 33064 | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE: PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: SANTOS, JOSIAS | |
| STREET ADDRESS: 6800 NW 39 th AVE, #365 | |
| CITY-ST-ZIP: Coconut Creek, FL 33073 | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | |
| STREET ADDRESS: | |
| CITY-ST-ZIP: | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **03.03.04** DAYTIME PHONE #: **954.420.5193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR