2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2005 8:00 am Secretary of State

DOCUMENT # P04000045397 1. Entity Name JOEY DEZE, INC							04-25-200	05 90267	012 ***	*150.00	
Principal Plac	e of Busines	3	Mailing Address								
3091 JOG ROAD			639 E OCEAN AVE			ļ					
GREENACRES, FL 33467			101				660182	12			
			BOYNTON BEACH, FL 33435							* 1.55	
2. Principal Place of Business			3. Mailing Address				 				
Suite, Apt, #, etc.			Suite, Apt. #, etc.		04182005	Chg-P	CR2E03	14 (10/03) 			
City & State			City & State		4. FEI Num	ber _0- 0855	876		oplied For ot Applicable		
Zip		Country	Zip	Coun	itry	5. Certificat	te of Status Desired		8,75 Add		
	6. Name and Address of Current Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name ar	d Address of New F						
						Name					
MICHAEL J MCGOEY, CPA, INC											
639 E OCEAN AVE						Street Address (P.O. Box Number is Not Acceptable)					
SUITE 101 BOYNTON BEACH, FL 33435											
					- Cin.				100		
					City			FL	Zip Cod	lê .	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or reg	istered agent, or b	oth, in the State of Fi	orida. I am te	miliar with,	and accept	
the obligations of registered agent.											
SIGNATURE											
		or printed name of registered against	and title if applicable. QNOT	E: Pegislare	d Agent signeture re	quired when reinstating)		DATE			
FILE NOWING FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND I	DIRECTORS	11.	· · · · · ·	ADDITION:	S/CHANGES TO OFF	ICERS AND	DIRECTOR	S (N 11	
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12. I hereby c	ertify that the	information supplied with	this filing does not qualify for	the exer	nption stated is	Section 119.07/3	(i), Florida Statutes	I further certif	v that the in	dormation	
12. I hereby certify that the information-supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information inclicated 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 occupantion or the receiver or studyed 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 addiges, with all other like empowered.											
changed, or on an attachment with an address, with all other tike empowered.											
ALONATURE / X/VX											
SIGNAT	SIGNATURE: SIGNATURE AND TYPED GAI PROSPED MAKE OF BIOMING OFFICER ON DIRECTOR Decis Designe Proces a										
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