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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 AUG 22 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50025352

DOCUMENT # P04000049132

1. Entity Name
CUPS OF JOY, INC.

Principal Place of Business	Mailing Address
1301 JACK PINE STREET WELLINGTON, FL 33414	1301 JACK PINE STREET WELLINGTON, FL 33414

07242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1301 Jackpine St Suite, Apt. #, etc.
City & State Wellington	City & State FL 33414
Zip 33414 County Palm Beach	Zip Country

4. FEI Number
20-0913523
☐ 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
MYGRANT, RHONDA 1201 JACKPINE STREET WEST PALM BEACH, FL 33414	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: Rhonda L. Mygrant 8/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYGRANT, RHONDA LEE 1301 JACK PINE STREET WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: Rhonda L. Mygrant 7/26/06 561-784-9069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

5002535J
#P04000049132

Things To Do

- [ ] IF This is Still
- [ ] not correct please call
- [ ] me 1-561-784-9069.
- [ ] I spoke to an
- [ ] agent Thursday and
- [ ] he said all I need
- [ ] to do is send 150.00
- [ ] dollars, never recieved
- [ ] a notice, Thank you
- [ ] Rhonda Mgr
- [ ] Cups of Joy Inc