

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000060186

1. Entity Name
JOINT HOLDINGS, INC.



Principal Place of Business
**439 CENTER ISLAND
GOLDEN BEACH, FL 33160 US**

Mailing Address
**439 CENTER ISLAND
GOLDEN BEACH, FL 33160 US**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1047515

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A ESQ
7805 SW 6TH COURT
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P D**
NAME **KAHN, ELLIS K**
STREET ADDRESS **439 CENTER ISLAND**
CITY-ST-ZIP **GOLDEN BEACH, FL 33160**

TITLE **S D**
NAME **KAHN, ALLISON I**
STREET ADDRESS **439 CENTER ISLAND**
CITY-ST-ZIP **GOLDEN BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000527168
05/04/06-80101-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 and an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

Daytime Phone #