## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jul 27, 2007 08:00 AM DOCUMENT #TP04000060186 **Secretary of State** JOINT HOLDINGS, INC. Principal Place of Business Mailing Address **439 CENTER ISLAND** 439 CENTER ISLAND GOLDEN BEACH, FL 33160 GOLDEN BEACH, FL 33160 US 07182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1047515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQ DO NOT WRITE 7805 SW 6TH COURT PLANTATION, FL 33324 IN THIS SPACE 3. 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. U00000770699 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 13 \$150.00 Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE PD NAME KAHN, ELLIS K 439 CENTER ISLAND STREET ADDRESS GOLDEN BEACH, FL 33160 CRY-ST-ZIP THE NAME KAHN, ALLISON I STREET ADDRESS 439 CENTER ISLAND CITY-ST-77P GOLDEN BEACH, FL 33160 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP THE MANAGE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling obes 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 about that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or truetee empresses to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chanced or on an attachment with an all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davime Phone #