

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-04-2005 90001 029 ***150.00

66026562



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000089282 1. Entity Name JOE'S PUB CORP.					
Principal Place of Business 21 SE 5TH AVENUE DELRAY BEACH FL 33483			Mailing Address 7819 LAKESIDE BLVD. 846 BOCA RATON FL 33434		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16212 SIERRA PALMS DR. Suite, Apt. #, etc.			
City & State Zip		City & State DELRAY BEACH Zip 33484		Country USA	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE ROTBART LAW GROUP, P.A. 105 EAST PALMETTO PARK ROAD BOCA RATON FL 33432			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 <u><i>Joseph Peraino</i></u> DATE <u>7/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PERAINO, JOSEPH 7819 LAKESIDE BLVD. #846 BOCA RATON FL 33432		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Joseph Peraino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT

66026562

To whom it may concern ,

I am writing this letter in reference to P0400089282 JOE'S PUB CORP. There is an outstanding balance of \$400.00 late fee. I mailed my payment as soon as I received it. So I am writing this letter to advise you of this problem so my report can be filed. Thank you .

Any problems please contact me 917 202 7867