

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000089282

1. Entity Name

JOE'S PUB CORP.



8/

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

08-04-2005 90001 029 \*\*\*150.00

66026562



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address	
21 SE 5TH AVENUE DELRAY BEACH FL 33483		7819 LAKESIDE BLVD. 846 BOCA RATON FL 33434	
2. Principal Place of Business		3. Mailing Address 16212 SIERRA PAINS DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DELRAY BEACH	
Zip	Country	Zip 33484	Country USA
6. Name and Address of Current Registered Agent			
THE ROTBART LAW GROUP, P.A. 105 EAST PALMETTO PARK ROAD BOCA RATON FL 33432			
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

*Joseph Peraino* Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

7/27/05

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.  \$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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *Joseph Peraino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 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