
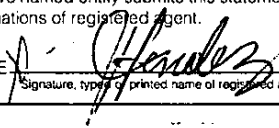


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 022 ***150.00

DOCUMENT # P04000099401 1. Entity Name JOS & J. CORP.																													
Principal Place of Business 16190 NE 19TH PLACE, #8 N. MIAMI BCH, FL 33162			Mailing Address 16190 NE 19TH PLACE, #8 N. MIAMI BCH, FL 33162																										
2. Principal Place of Business Suite, Apt. #, etc. 14701 NE 6 AVE Lot 2		3. Mailing Address Suite, Apt. #, etc. 14701 NE 6 AVE Lot 2																											
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL																											
Zip 33161		Country 		4. FEI Number 55-0871898																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent HERNANDEZ, JULIA M 16190 NE 19TH PLACE, #8 N. MIAMI BCH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14701 NE 6 AVE Lot 2 NORTH MIAMI, FL City NORTH MIAMI FL Zip Code 33161																										
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: 			DATE: 03-14-06																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, JULIA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16190 NE 19TH PLACE, #8</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI BCH, FL 33162</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	HERNANDEZ, JULIA M		STREET ADDRESS	16190 NE 19TH PLACE, #8		CITY-ST-ZIP	N. MIAMI BCH, FL 33162		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>14701 NE 6 AVE Lot 2</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	14701 NE 6 AVE Lot 2		STREET ADDRESS	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #