2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # P04000099401 03-24-2006 90027 022 ***150.00 1. Entity Name JOS & J. CORP. Principal Place of Business Mailing Address 40038145 16190 NE 19TH PLACE, #8 16190 NE 19TH PLACE, #8 N. MIAMI BCH, FL- 33162 N. MIAMI BCH, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02062006 Chg-P 6 AVE Lo 14701 NE 6 AVE 201 14701 City & State City & State 4. FEI Number Applied For NORTH MAMI NOETH 55-0871898 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 33161 33161 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HERNANDEZ, JULIA M 16190 NE 19TH PLACE, #8 N. MIAMI BCH, FL 33162 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 03-14-06 SIGNATURE ame of registrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Defete NAME HERNANDEZ, JULIA M NAME 1470! NEGAVE LOT 2 STREET ADDRESS STREET ADDRESS 16190 NE 19TH PLACE, #8 CITY-ST-ZIP N. MIAMI BCH, FL 33162 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

03-14-06

Daytime Phone #

FILED Mar 24, 2006 8:00 am