2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000108234

1. Entity Name

PHAT JOE INCORPORATED

Principal Place of Business
8456 SW 40TH ST
MIAMI FL 33155

Mailing Address
PO BOX 941027
MIAMI FL 33194

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-1401403 ☐ Applied ☐ Not Ap

5. Certificate of Status Desired ☐ **$8.75** Addition Fee Required

6. Name and Address of *Current* Registered Agent

BRINGAS, JOSE A
15837 SW 44TH ST
MIAMI FL 33185

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 the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Added

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DP	☐ Delete	TITLE		☐ Change
NAME	BRINGAS, JOSE A		NAME	U00000416151	
STREET ADDRESS	15837 SW 44TH ST		STREET ADDRESS	02/13/06-80004-005 150.00	
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change
NAME	TOLEDO, MAYTEE		NAME		
STREET ADDRESS	15837 SW 44TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that i[illegible] 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 o[illegible] 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-31-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Ph[illegible]