


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 028 ***150.00

DOCUMENT # P05000024617			
1. Entity Name JOYMATO ENTERPRISE, INC.			
Principal Place of Business 9201 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		Mailing Address 9201 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154	
2. Principal Place of Business - No P.O. Box # <i>9900 E Bay Harbor Dr.</i>		3. Mailing Address <i>9900 E Bay Harbor Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Bay Harbor Islands, FL</i>		City & State <i>Bay Harbor Islands, FL</i>	
Zip <i>33154</i>		Zip <i>33154</i>	
Country		Country	
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, MARIA FERNANDA 9201 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		7. Name and Address of Now Registered Agent Name: <i>Fernandez, Maria Fernanda</i> Street Address (P.O. Box Number is Not Acceptable): <i>9900 E Bay Harbor Dr.</i> City: <i>Bay Harbor Islands</i> FL Zip Code: <i>33154</i>	
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: <i>[Signature]</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, MARIA FERNANDA 9201 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Fernandez, Maria Fernanda</i> <i>9900 E Bay Harbor Dr.</i> <i>Bay Harbor Islands, FL 33154</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, JOSE LUIS 9201 WEST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vicepresident</i> <i>Torres, Jose Luis</i> <i>9900 E Bay Harbor Dr.</i> <i>Bay Harbor Islands, FL 33154</i> <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>[Signature]</i>		Date Daytime Phone #	