


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90018 031 \*\*\*150.00

<b>DOCUMENT # P05000057017</b>	
1. Entity Name <b>JOSEPH CAMPOS, INC.</b>	

Principal Place of Business <b>528 SOUTH "B" ST LAKE WORTH, FL 33460</b>	Mailing Address <b>PO BOX 731 LAKE WORTH, FL 33460</b>
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**40104514**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>528 South "B" Street</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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05092008 Chg-P CR2E034 (12/06)

City & State	City & State <b>Lake Worth, FL</b>
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4. FEI Number <b>20-2781995</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33460</b>	Country <b>Palm Beach</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>CAMPOS, JOSEPH 528 SOUTH "B" ST LAKE WORTH, FL 33460</b>	
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAMPOS, JOSEPH 528 SOUTH "B" ST LAKE WORTH, FL 33460</b> <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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joseph Campos **JOSEPH CAMPOS** **5-9-08** **443-1638**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #