


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 033 ***150.00

DOCUMENT # P05000081648 1. Entity Name JOY CONSTRUCTION & DESIGN, CORP.	
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Principal Place of Business 2880 SW 16TH ST FORT LAUDERDALE, FL 33312 <i>2536 Pretzel Ln North Port 34286</i>	Mailing Address 2880 SW 16TH ST FORT LAUDERDALE, FL 33312 <i>2536 Pretzel Ln North Port 34286</i>
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40030068



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2970934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RAMIREZ, FERNANDO 2880 SW 16TH ST FORT LAUDERDALE, FL 33312	<i>2536 Pretzel Ln North Port 34286</i>

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMIREZ, FERNANDO 2880 SW 16TH ST FORT LAUDERDALE, FL 33312 <i>2536 Pretzel Ln North Port 34286</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMIREZ, LUIS A 2880 SW 16TH ST FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAMIREZ, ALEIDA 2880 SW 16TH ST FORT LAUDERDALE, FL 33312 <i>2536 Pretzel Ln North Port 34286</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Fernando Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26/2007 239 3402496
Date Daytime Phone #