

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # P05000098424

1. Entity Name

JOSAKA CORPORATION.



Principal Place of Business

844 NW 2ND ST, APT. 3  
MIAMI FL 33128

Mailing Address

844 NW 2ND ST, APT. 3  
MIAMI FL 33128

2. Principal Place of Business - No P.O. Box #

1601 NW 19th  
MIAMI  
City & State  
FLORIDA

3. Mailing Address

1601 NW 19th  
MIAMI FL  
City & State

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

MIAMI FL

Zip

33125

Country

USA

Zip

33125

Country

USA

6. Name and Address of Current Registered Agent

REYES, JOSE M  
844 NW 2ND ST, APT. 3  
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name REYES, JOSE M.

Street Address (P.O. Box Number is Not Acceptable)

1601 NW 19th

City

MIAMI

FL

Zip Code

33125

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME REYES, JOSE M  
STREET ADDRESS 844 NW 2ND ST, APT. 3  
CITY-ST-ZIP MIAMI FL 33128

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME REYES, JOSE M  
STREET ADDRESS 1601 NW 19th MIAMI FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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:

JOSE M. REYES

02-14-08

7865129512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone