

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90090 030 \*\*\*150.00

<b>DOCUMENT # P05000156365</b> 1. Entity Name <b>JOSEPH E. MICHEL, INC.</b>					
Principal Place of Business <b>860 S.E. 6TH AVE. #109 DEERFIELD BEACH FL 33441 US</b>			Mailing Address <b>860 S.E. 6TH AVE. #109 DEERFIELD BEACH FL 33441 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>33 1128346</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>EBERT, JENNIFER 860 S.E. 6TH AVE. #109 DEERFIELD BEACH FL 33441</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature: Typed or printed name of registered agent and her/his appointment. (NOTE: Registered Agent signature required when re-appointing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DIR MICHEL, JOE STREET ADDRESS 860 S.E. 6TH AVE. #109 CITY-ST-ZIP DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE	Change Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHEL, JOE		NAME		
STREET ADDRESS	860 S.E. 6TH AVE. #109		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	EBERT, JENNIFER		NAME		
STREET ADDRESS	860 S.E. 6TH AVE. #109		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	MICHEL, JOE		NAME		
STREET ADDRESS	860 S.E. 6TH AVE. #109		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	EBERT, JENNIFER		NAME		
STREET ADDRESS	860 S.E. 6TH AVE. #109		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	MICHEL, JOE		NAME		
STREET ADDRESS	860 S.E. 6TH AVE. #109		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	EBERT, JENNIFER		NAME		
STREET ADDRESS	860 S.E. 6TH AVE. #109		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		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.					
<b>SIGNATURE:</b> <u>Jennifer Ebert</u> <u>4/21/06</u> <u>954 795 4704</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					