

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156365

FILED
Aug 30, 2012
Secretary of State

Entity Name: JOSEPH E. MICHEL, INC.

Current Principal Place of Business:

860 S.E. 6TH AVE. #109
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

860 S.E. 6TH AVE. #109
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 33-1128346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBERT, JENNIFER
860 S.E. 6TH AVE. #109
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: MICHEL, JOE
Address: 860 S.E. 6TH AVE. #109
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: DIR
Name: EBERT, JENNIFER
Address: 860 S.E. 6TH AVE. #109
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: PRES
Name: MICHEL, JOE
Address: 860 S.E. 6TH AVE. #109
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP
Name: EBERT, JENNIFER
Address: 860 S.E. 6TH AVE. #109
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: SEC
Name: MICHEL, JOE
Address: 860 S.E. 6TH AVE. #109
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: TREA
Name: EBERT, JENNIFER
Address: 860 S.E. 6TH AVE. #109
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER EBERT

VP

08/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date