

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 022 ***150.00

DOCUMENT # P06000124145	
1. Entity Name JOSEPH ICE CREAM, INC	



Principal Place of Business 19800 WEST DIXIE HIGHWAY LOT A110 MIAMI, FL 33180	Mailing Address 19800 WEST DIXIE HIGHWAY LOT A110. MIAMI, FL 33180
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2. Principal Place of Business - No P.O. Box # 19800 West Dixie Hwy Lot A110	3. Mailing Address 19800 West Dixie Hwy Lot A110
Suite, Apt. #, etc. MIAMI FLA	Suite, Apt. #, etc. MIAMI FLA
City & State MIAMI FLA	City & State MIAMI FLA
Zip 33180	Zip 33180
Country	Country



04052007 Chg-P CR2E034 (12/06)

4. FEI Number 11-1028872	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EVANS, MICHAEL 19800 WEST DIXIE HIGHWAY LOT A110 MIAMI, FL 33180	7. Name and Address of New Registered Agent Name Michael Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE owner	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AITKEN, ANGELA		NAME Angela Aitken	
STREET ADDRESS 19800 WEST DIXIE HIGHWAY LOT A110		STREET ADDRESS 19800 WEST DIXIE HWY A110	
CITY-ST-ZIP MIAMI, FL 33180		CITY-ST-ZIP MIAMI FLA 33180	
TITLE VP	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS, MICHAEL		NAME Michael EVANS	
STREET ADDRESS 19800 WEST DIXIE HIGHWAY A110		STREET ADDRESS 19800 West Dixie Hwy A110	
CITY-ST-ZIP MIAMI, FL 33180		CITY-ST-ZIP MIAMI FLA 33180	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* 4. 18-07 305-7925415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #