


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**

2. Principal Place of Business - No P.O. Box #
19800 West Dixie Hwy Lot A110

3. Mailing Address
19800 West Dixie Hwy A110

Suite, Apt. #, etc.
MIAMI Fla

City & State
MIAMI Fla

Zip
33180

Country

90013000



04052007 Chg-P CR2E034 (12/06)

4. FEI Number
11-1028872

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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

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 P	<input type="checkbox"/> Delete
NAME AITKEN, ANGELA	
STREET ADDRESS 19800 WEST DIXIE HIGHWAY LOT A110	
CITY-ST-ZIP MIAMI, FL 33180	
TITLE VP	<input type="checkbox"/> Delete
NAME EVANS, MICHAEL	
STREET ADDRESS 19800 WEST DIXIE HIGHWAY A110	
CITY-ST-ZIP MIAMI, FL 33180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE owner	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Angela Aitken	
STREET ADDRESS 19800 West Dixie Hwy A110	
CITY-ST-ZIP MIAMI Fla. 33180	
TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Michael EVANS	
STREET ADDRESS 19800 West Dixie Hwy A110	
CITY-ST-ZIP MIAMI Fla 33180	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *P. Aitken* **4. 18-07** **305-7925415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #