2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129519

Entity Name: REJOICE ENTERPRISES INC

FILED Jun 26, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7632 SOUTSIDE BLVD, APT 391 8523 ALTON AVE

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

7632 SOUTSIDE BLVD, APT 391 7632 SOUTHSIDE BLVD, APT 483 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

FEI Number: 20-5694006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

AMORIM, PAULA AMORIM, PAULA 7632 SOUTHSIDE BLVD 7632 SOUTHSIDE BLVD #391

JACKSONVILLLE, FL 32256 US JACKSONVILLLE, FL 32256 US

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: PAULA AMORIM 06/26/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition COSTA, MARCELO N Name: Name: COSTA, MARCELO N

7632 SOUTSIDE BLVD, APT 391 7632 SOUTHSIDE BLVD, APT 483 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: VD () Change (X) Addition

Name: Name: AMORIM, PAULA

Address: Address: 7632 SOUTHSIDE BLVD, APT 483 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA AMORIM ٧ 06/26/2009