


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90224 010 \*\*\*158.75

<b>DOCUMENT # P07000073824</b>	
1. Entity Name <b>JOINT CONNECTIONS, INC.</b>	

Principal Place of Business <b>7440 HARDING AVE, APT 202 MIAMI BEACH, FL 33141</b>	Mailing Address <b>7440 HARDING AVE, APT 202 MIAMI BEACH, FL 33141</b>
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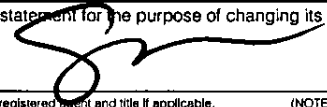
2. Principal Place of Business - No P.O. Box # <b>7440 HARDING AVE</b> Suite, Apt. #, etc. <b>APT 202</b> City & State <b>MIAMI BEACH, FL</b> Zip <b>33141-2721</b> Country <b>US</b>	3. Mailing Address <b>7440 HARDING AVE</b> Suite, Apt. #, etc. <b>APT 202</b> City & State <b>MIAMI BEACH, FL</b> Zip <b>33141-2721</b> Country <b>US</b>
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04282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>56-2667529</b>	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARTINEZ, ANGEL C 7440 HARDING AVE, APT 202 MIAMI BEACH, FL 33141</b>	
7. Name and Address of New Registered Agent Name <b>SCHLEGEL ACCOUNTING &amp; TAX SERVICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5 NE 107TH ST</b> City <b>MIAMI SHORES</b> FL Zip Code <b>33161</b>	

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  ACCOUNTANT DATE **04/28/2008**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTINEZ, ANGEL C</b>		NAME <b>MARTINEZ, ANGEL C</b>	
STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>		STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP <b>MIAMI BEACH, FL 33141-2721 US</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEREZ, BARBARA A</b>		NAME <b>PEREZ, BARBARA A</b>	
STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>		STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP <b>MIAMI BEACH, FL 33141-2721 US</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>SEC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>PEREZ, BARBARA A</b>	
STREET ADDRESS		STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MIAMI BEACH, FL 33141-2721 US</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>TRES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>PEREZ, BARBARA A</b>	
STREET ADDRESS		STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MIAMI BEACH, FL 33141-2721 US</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>DIR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>PEREZ, BARBARA A</b>	
STREET ADDRESS		STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MIAMI BEACH, FL 33141-2721 US</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>DIR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>MARTINEZ, ANGEL C</b>	
STREET ADDRESS		STREET ADDRESS <b>7440 HARDING AVE, APT 202</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MIAMI BEACH, FL 33141-2721 US</b>	

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: 	VICE PRESIDENT	04/28/2008	305-281-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #