

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000099101

FILED
Apr 05, 2011
Secretary of State

Entity Name: JEAN JOSEPH & ASSOCIATES, INC

Current Principal Place of Business:

230 CYPRESS ROAD
SUITE C
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

230 CYPRESS ROAD
SUITE C
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 27-4213526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-JOSEPH, HUGO SR
230 SOUTH CYPRESS ROAD
SUITE C
POMPANO BEACH, FL 33060 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: P
Name: JEAN-JOSEPH, HUGO SR
Address: 230 CYPRESS ROAD SUITE C
City-St-Zip: POMPANO BEACH, FL 33060

Title: EVP
Name: ROLLINS, KIZZY
Address: 230 CYPRESS ROAD SUITE C
City-St-Zip: POMPANO BEACH, FL 33060

Title: SVP
Name: JEAN-JOSEPH, OLIVIER
Address: 230 CYPRESS ROAD SUITE C
City-St-Zip: POMPANO BEACH, FL 33060

Title: JVP
Name: JEAN-JOSEPH, TALIA
Address: 230 CYPRESS ROAD SUITE C
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP
Name: JEAN-JOSEPH, HUGO JR
Address: 230 CYPRESS ROAD SUITE C
City-St-Zip: POMPANO BEACH, FL 33060

Title: O
Name: JEAN-JOSEPH, CEDRIC K
Address: 230 CYPRESS ROAD SUITE C
City-St-Zip: POMPANO BEACH, FL 33060

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: KIZZY ROLLINS

EVP

04/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date