


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000023886  
 1. Entity Name  
 JOEL INVESTMENTS, CORP.



Principal Place of Business      Mailing Address  
 2300 CORAL WAY                      2300 CORAL WAY  
 SUITE 200                                  SUITE 200  
 MIAMI, FL 33145                      MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**



02022004      No Chg-P      CR2E034 (10/03)

4. FEI Number 65-0409905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 FLORIDA ANNUAL REPORT SERVICES INC  
 2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145

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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:  **AMADA CANTERA LOPEZ**      3/15/04  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALI, JOEL 961 SW 58 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GALI, ANA C 10241 SW 13TH STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GALI, ANA C 10241 SW 13 ST MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000097491  
 03/23/04-80002-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       3/15/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

JOEL GALI