

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90066 001 ***450.00

DOCUMENT # P94000031183

1. Entity Name

JOSEPH BUSINESS CO.



Principal Place of Business

210-174 STREET
SUITE 1901
NORTH MIAMI BEACH FL 33160

Mailing Address

210-174 STREET
SUITE 1901
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3700 North 29 Avenue

3. Mailing Address

3700 North 29 Avenue

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0651890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OVADIA, JOSEPH
3745 PICADILLY STREET
1
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3700 North 29 Avenue, #102

Suite 102

City Hollywood

FL

Zip Code

33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME OVADIA, JOSEPH
STREET ADDRESS 3745 PICADILLY STREET
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

3700 North 29 Avenue, #102
Hollywood FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #