## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 14, 2008 08:00 A ate

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DOCUMENT # P94000031183						J		
1. Entity Name JOSEPH BUSINESS CO.								
			6 th					
Principal Plac	e of Business	Mailing Address						
	1 29 AVENUE	3700 NORTH 29 AVENUE						
SUITE 102   Hollywood	), FL 33020 US	Suite 102 Hollywood, Fl 33020	US					
HOLLIHOOD	, IL 33020 G3	11022111000, 12 33020	<b>0</b> 3					
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24		St.	भर् <i>न</i>	65-065	1890	Not Applicable		
, , ,		· · · · · · · · · · · · · · · · · · ·		5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent	· · · · · · · · ·			k-)		
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OVADIA, J			DO.	<b>NOT W</b>	RITE			
SUITE 102	TH 29 AVENUE	The Carlot		年の行為所有的によって、	[1] 28 [1] 1 2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
HOLLYWOOD, FL 33020				_ IN	THIS SP	ACE		
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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								
' Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE								
		9. Election Campaign Fin	ancina <b>¢</b> E	5.00 May Be				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	T 15 10 13		ded to Fees		,		
	<u> </u>				2 3 6604 714 774	3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
10.	OFFICERS AND DII	RECTORS			的智力。			
NAME	OVADIA, JOSEPH		. m. pi 3.460					
STREET ADDRESS	3700 NORTH 29 AVENUE SUITE 1	02						
CITY - S1 - Z1P	HOLLYWOOD, FL 33020		energy at great	a political		The same of the sa		
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STREET ADDRESS CITY-ST-ZIP			6.	t of Look	- 水差は性をあるもある。	1858673		
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CITY-ST-ZIP					NOT W	MILE OF THE SECTION		
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NAME			434					
STREET ADDRESS				n. der	delit dila it eta se			

12. Thereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #