

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000079186

1. Entity Name
JOSUN INC.



Principal Place of Business
**5881 N.W. 57TH AVENUE., SUITE 1
TAMARAC, FL 33319**

Mailing Address
**5881 N.W. 57TH AVENUE., SUITE 1
TAMARAC, FL 33319**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0635915

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMITIRIGALA, EDIRISINGHE M
5881 NW 57 AVE
#1
TAMARAC, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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

Edirisinghe M. Amitirigala

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

Edirisinghe M. Amitirigala

(NOTE: Registered Agent Signature required when reinstating)

02/25/2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AMITIRIGALA, EDIRISINGHE M
STREET ADDRESS	5881 N.W. 57TH AVENUE., SUITE 1
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	DVP
NAME	AMITIRIGALA, JOSETTE M
STREET ADDRESS	5881 N.W. 57TH AVENUE., SUITE 1
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80059-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Edirisinghe M. Amitirigala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/05

DATE

(954) 720-0549

Daytime Phone #

Edirisinghe M. Amitirigala, President