

FILED
Apr 14, 2005 8:00 am
Secretary of State

20030400

| | | | |
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| DOCUMENT # P97000085524 | | 04-14-2005 90112 016 ***158.75 | |
| 1. Entity Name JOGY CORPORATION | |  | |
| Principal Place of Business 1371 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US | | Mailing Address 798 COTTON BAY DR. WEST APT. # 1416 WEST PALM BEACH, FL 33406 US | |
| 2. Principal Place of Business | | 3. Mailing Address 1371 N. Military Trail | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State West Palm Beach, FL | |
| Zip | Country | Zip | Country |
| | | 33409 | US |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GROVE, UTA S ESQ 2451 MC MULLEN BOOTH ROAD STE 231 CLEARWATER, FL 33759 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | Zip Code |
| | | FL | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GEISER, JOERG J 798 COTTON BAY DRIVE WEST # 1416 WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TS GEISER, CHRISTIANE 798 COTTON BAY DRIVE WEST # 1416 WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ | | 04/12/05 561-697-7780 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |