2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000000589

1. Entity Name
JOSEPH BUSINESS CENTER, INC.

FILED
May 03, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
14090 N W 7TH AVENUE MIAMI, FL 33168 US	335 NW 54TH ST MIAMI, FL 33127 US

03302006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0811611
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORDON, RON ESQ
335 NW 54TH ST
MIAMI, FL 33127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	JOSEPH, CLAUDY
STREET ADDRESS	287 NE 89TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VD
NAME	JOSEPH, ANNE-MARIE H
STREET ADDRESS	287 NE 89TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	TD
NAME	JOSEPH, CINDY C
STREET ADDRESS	287 NE 89TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	SD
NAME	JOSEPH, CLAUDY JR
STREET ADDRESS	287 NE 89TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	S
NAME	NELSON, LOLA
STREET ADDRESS	770 S BISAYNE RIVER DRIVE
CITY ST ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000561131
05/19/06-80002-009 150.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ CLAUDY JOSEPH 04-23-06 (305)685-828[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #