


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P98000000589 |  |
| 1. Entity Name JOSEPH BUSINESS CENTER, INC. | |

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

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

| | |
|--|---|
| 4. FEI Number 65-0811611 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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 _____ (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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000749720 05/18/07-80035-005 150.00 |
|---|--|--|

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE
IN THIS SPACE

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** **4-23-07** **(305) 635-2288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletions Phone #