


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000000589 1. Entity Name JOSEPH BUSINESS CENTER, INC.	
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Principal Place of Business 14090 N W 7TH AVENUE MIAMI, FL 33168 US	Mailing Address 335 NW 54TH ST MIAMI, FL 33127 US
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0811611	Applied For <input type="checkbox"/> 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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

000000925332
05/20/08-80021-015 150.00

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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** **3-15-08** **(305) 685-8282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #