

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000589

Entity Name: JOSEPH BUSINESS CENTER, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

14090 N W 7TH AVENUE  
MIAMI, FL 33168 US

## New Principal Place of Business:

## Current Mailing Address:

335 NW 54TH ST  
MIAMI, FL 33127 US

## New Mailing Address:

FEI Number: 65-0811611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOSEPH, CLAUDY  
Address: 287 NE 89TH ST  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: JOSEPH, ANNE-MARIE H  
Address: 287 NE 89TH ST  
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete  
Name: JOSEPH, CINDY C  
Address: 287 NE 89TH ST  
City-St-Zip: MIAMI, FL 33138

Title: SD ( ) Delete  
Name: JOSEPH, CLAUDY JR  
Address: 287 NE 89TH ST  
City-St-Zip: MIAMI, FL 33138

Title: S (X) Delete  
Name: NELSON, LOLA  
Address: 770 S BISAYNE RIVER DRIVE  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JOSEPH, CINDY C  
Address: 287 NE 89TH ST  
City-St-Zip: MIAMI, FL 33138

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDY JOSEPH

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date