


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90128 044 \*\*\*150.00

<b>DOCUMENT # P98000012673</b>				
1. Entity Name <b>JOSHIRDE EXPORT, INC.</b>				
Principal Place of Business <b>411 SW 29TH TERRACE FT. LAUDERDALE FL 33312</b>		Mailing Address <b>411 SW 29TH TERRACE FT. LAUDERDALE FL 33312</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent  <b>BLAKE, SHIRNETT J 411 SW 29TH TERRACE FT. LAUDERDALE FL 33312</b>		4. FEI Number <b>65-8017450</b>		
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
		Applied For <input type="checkbox"/> Not Applicable		
		1st MOORE CR2E034 (10/04)		
		7. Name and Address of New Registered Agent		
		Name		
		Street Address (F.O. Box Number is Not Acceptable)		
		City		
		FL Zip Code		
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 _____				
<b>FILE NOW!!! FEE IS \$150.00</b>		9. Election Campaign Financing		
<b>After May 1, 2005 Fee Will Be \$550.00</b>		Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make Check Payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, SHIRNETT J	NAME		
STREET ADDRESS	411 SW 29TH TERRACE	STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, DENNIS E	NAME		
STREET ADDRESS	411 SW 29TH TERRACE	STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, JUDITH A	NAME		
STREET ADDRESS	411 SW 29TH TERRACE	STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: <u>SHIRNETT BLAKE</u> <u>Shirnett Blake</u> <u>6/6/05</u> <u>954-266-6287</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				