

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000016897

1. Entity Name
JOXIKE ENTERPRISES, INC.



FILED

08 MAR 14 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6011 W. 16TH AVE.
HIALEAH, FL 33012

Mailing Address
6011 W. 16TH AVE.
HIALEAH, FL 33012



02112008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0986218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENDARA, XIOMARA G
6011 W. 16TH AVE.
HIALEAH, FL 33012

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ENDARA, XIOMARA G
STREET ADDRESS	6011 W 16 AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	V
NAME	CORDO, HERMINIA
STREET ADDRESS	6011 W 16 AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/21/08 90039 002 \$600 - \$150

**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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

2/11/08

Date

Daytime Phone #