


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 10 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S37447 1. Entity Name ST. JOSEPH'S PREFERRED, INC.	
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Principal Place of Business 3001 W. DR. MARTIN L. KING JR. BLVD. TAMPA, FL 33607 US	Mailing Address 3001 W. DR. MARTIN L. KING JR. BLVD. ATTN: ISAAC MALLAH TAMPA, FL 33607 US
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3055643	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

MALLAH, ISAAC
3001 W. DR. MARTIN L. KING JR. BLVD.
TAMPA, FL 33607

**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

800103024638
05/22/07--01035--007 **2207.50

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUTTON, LARRAINE 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAALER, MARK MD 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Isaac Mallah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/07 (813) 870-4020