## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V29199

FILED Jan 10, 2005 Secretary of State

Entity Name: JOY DE	CO ENTERPRISES, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
6435 OCEAN DRIVE MARGATE, FL 33063				
Current Mailing Address:		New Mailing Address:		
6435 OCEAN DRIVE MARGATE, FL 33063				
FEI Number: 65-0327413	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DECO, JOY 6435 OCEAN DRIVE MARGATE, FL 33063	US			
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent			Date	
Election Campaign Financii	ng Trust Fund Contribution ( ).			

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title: DECO, JOSEPH DECO, JOSEPH Name: Name: 3895 NW 35TH STREET 3895 NW 35TH STREET Address: Address: City-St-Zip: COCONUT CREEK, FL City-St-Zip: COCONUT CREEK, FL 33066 Title: SD Title: SD

() Delete (X) Change ( ) Addition

DECO. JO-ANN DECO. JO-ANN Name: Name: Address: Address: 3895 NW 35TH STREET 3895 NW 35TH STREET COCONUT CREEK, FL COCONUT CREEK, FL 33063 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition PD PD

Name: DECO, JOY Name: DECO, JOY Address: 3209 RIVERSIDE DR Address: 6435 OCEAN DRIVE City-St-Zip: CORAL SPGS, FL City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOY DECO PD 01/10/2005