



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # V49783		
1. Entity Name TONJOE INVESTMENTS INCORPORATED		
Principal Place of Business 2208 N.E. 123RD STREET NORTH MIAMI, FL 33181		Mailing Address 2208 N.E. 123RD STREET NORTH MIAMI, FL 33181
DO NOT WRITE IN THIS SPACE		
		 02082007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0345425
		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 FAWAZ, GABRIEL M. 2208 N.E. 123RD STREET NORTH MIAMI, FL 33181		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000666191 03/23/07-80062-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAWAZ, JOSEPH M. 16498 N.E. 26 AVE. NORTH MIAMI BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO FAWAZ, GABRIEL M 2208 N.E. 123RD STREET NORTH MIAMI, FL 33181	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02 - 11 - 07 (305) 891 9665 Date Daytime Phone #