2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # V49783 1. Entity Name TONJOE INVESTMENTS INCORPORATED Principal Place of Business Mailing Address 2208 N.E. 123RD STREET 2208 N.E. 123RD STREET NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied Fo 65-0345425 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namic FAWAZ, GABRIEL M. Street Address (P.O. Box Number is Not Acceptable) 2208 N.E. 123RD STREET NORTH MIAMI FL 33181 City 8. The above named entity submits this statement for the purpose of charging terrequistered office or registered agent, or both, in the State of Florida. Lam familiar with land accept the obligations of registered agent. SIGNATURE Signature, typed paymed name would have been are le l'ampressie (NOTE: Registered Against queturn required y non-remainting) FILE NOW!!!- FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. ☐ Defete TITLE Change Addition NAME FAWAZ, JOSEPH M. NAME STREET ADDRESS 16498 N.E. 26 AVE. STREET ADDRESS City-St-ZiF NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP 11000000896122 04/24/08-80093-019□15@ge 00 □ Addition TITLE VPO Darete TITLE NAME FAWAZ, GABRIEL M MAME STREET ADDRESS 2208 N.E. 123RD STREET STREET ADDRESS CHY-ST-ZIP NORTH MIAMI FL 33181 CITY-ST-ZIP THE ☐ Dalete THE Change Audition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THEF ☐ Delete TITLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-S!-ZIP CHY-S1-ZIP TITLE Defete TITLE Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP City-St-ZiP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**