2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F39256

1. Entity Name

JOMAR INDUSTRIAL SUPPLIES, INC.



Mailing Address

Principal Place of Business 959 W. 30TH STREET HIALEAH, FL 33012

959 W. 30TH STREET HIALEAH, FL 33012

FILED Feb 20, 2004 08:00 AM Secretary of State



02182004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2101652

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JORGE M 959 W 30TH ST HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

				114	ITIIS SPACE	
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	eing 🔲	\$5.00 May Be Added to Fees		
10.	0. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MARTINEZ, JORGE M 959 W 30TH ST HIALEAH, FL				Unnonnon59992 02/29/04-80021-017 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, GEORGIA 959 W 30TH ST HIALEAH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, AMPARO E 959 W 30TH ST HIALEAH, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify 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 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TOTAL MELTINEZ

02-18/2004

(30) 558-1420 Daytime Phone #