2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State
03-14-2003 90050 003 ***150.00

DOCUMENT # P02000134335

1. Entity Name
JOMARKE SERVICES INC.

Principal Place of Business	Mailing Address
1805 S.W. 104TH CT MIAMI FL 33165	1805 S.W. 104TH CT MIAMI FL 33165

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16253 S.W. 71 Terr	16253 S.W. 71 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33193 Country: US	Zip: 33193 Country: US

4. FEI Number 65-1141595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, JOSE B
1805 S.W. 104TH CT
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name: Reyes José B.
Street Address (P.O. Box Number is Not Acceptable): 16253 S.W. 71 Terr
City: Miami FL Zip Code: 33193

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] 3/10/03
Signature required and 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REYES, JOSE B 1805 S.W. 104TH CT MIAMI FL 33165	☐ Delete	P. Reyes José B. 16253 S.W. 71 Terr Miami, Fl. 33193	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORALES, MIRIAM M 1805 S.W. 104TH CT MIAMI FL 33165	☐ Delete	V P. Morales Miriam M. 16253 SW. 71 Terr Miami, Fl. 33193	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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: [signature] REQUIRED 3/10/03 7868778267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #