


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 009 ***158.75

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1. Entity Name
JOMANI INDUSTRIES INC



Principal Place of Business Mailing Address
 1000 NW 147 ST 1000 NW 147 ST
 MIAMI, FL 33168 MIAMI, FL 33168

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



05312007 Chg-P CR2E034 (12/06)

4. FEI Number
76-0780305 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AVILA, JOSE
 1000 NW 147 ST
 MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: JOSE AVILA DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AVILA, JOSE	
STREET ADDRESS	1000 NW 147 ST	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NUNEZ, CARL	
STREET ADDRESS	1000 NW 147 ST.	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARROW, ZOILA	
STREET ADDRESS	1000 NW 147 ST.	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AVILA, KIMANI	
STREET ADDRESS	1000 NW 147 ST.	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jose Avila Date: May 30 2007
Signature and typed or printed name of signing officer or director Date Daytime Phone #