

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153149

Entity Name: JOM 595, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1150B EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

1201 BRICKELL AVE
650
MIAMI, FL 33131 US

Current Mailing Address:

1201 BRICKELL AVE
STE # 650
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 87-0756558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECHTER, ROBERT
1150B EAST HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATTOS, JORGE
Address: 1150B EAST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VPTD () Delete
Name: DANGOND, JORGE
Address: 1150B EAST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VPSD () Delete
Name: LECHTER, ROBERT
Address: 1150B EAST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: MATTOS, CARLOS
Address: 1201 BRICKELL AVE # 650
City-St-Zip: MIAMI, FL 33131 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LECHTER

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04/20/2009

Electronic Signature of Signing Officer or Director

Date