2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 424906

1. Entity Name JOMIKE, INC.

JO MILE SERVICES, INC.

HO MINE SERVICES, 4

Principal Place of Business

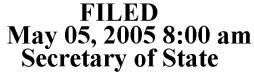
717 PONCE DE LEON BLVD.

SUITE 337 CORAL GABLES, FL 33134 Mailing Address

717 PONCE DE LEON BLVD.

SUITE 337

CORAL GABLES, FL 33134



05-05-2005 90103 014 ***150.00

50049087



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01112005 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1461683

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARUSKI, BERNARDO 717 PONCE DE LEON BLVD SUITE 337 CORAL GABLES, FL 33134

changed, or on an attachme

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and bite it applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST [®] ZIP	PST SARUSKI, BERNARDO 717 PONCE DE LEON CORAL GABLES, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-\$1-ZIP				IN THIS SPACE		
THE NAME STREET ADDRESS CITY-ST-ZIP		-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 suppliemental report is true and acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or the control of the contr						