

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90181 017 ***150.00

DOCUMENT # 495133

1. Entity Name

JOMAR SALES CO.



Principal Place of Business

1541 BRICKELL AVE
B3603
MIAMI FL 33129

Mailing Address

1541 BRICKELL AVE
B3603
MIAMI FL 33129

94069584



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

A-2502

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

A-2502

City & State

Zip

Country

4. FEI Number

38-1860221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, SHERWIN
1541 BRICKELL AVE
B3603
MIAMI FL 33129

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

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

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

TITLE PD ☐ Delete
NAME ROSS, SHERWIN
STREET ADDRESS 1541 BRICKELL AVE B3603
CITY-ST-ZIP MIAMI FL 33129

TITLE SD ☐ Delete
NAME FISHER/ROSS, SANDRA
STREET ADDRESS 1541 BRICKELL AVE B3603
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS A-2502
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS A-2502
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Sherwin Ross

SHERWIN ROSS

4/07/04

305 856 5399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #