


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 495133</b> 1. Entity Name <b>JOMAR SALES CO.</b>					
Principal Place of Business <b>1541 BRICKELL AVE A-2502 MIAMI FL 33129</b>			Mailing Address <b>1541 BRICKELL AVE A-2502 MIAMI FL 33129</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>38-1860221</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ROSS, SHERWIN 1541 BRICKELL AVE B3603 MIAMI FL 33129</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete	TITLE	NAME	Delete
STREET ADDRESS	ROSS, SHERWIN	<input type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP	1541 BRICKELL AVE A-2502		CITY- ST- ZIP		
	MIAMI FL 33129				
TITLE	SD	<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME	FISHER/ROSS, SANDRA		NAME		
STREET ADDRESS	1541 BRICKELL AVE A-2502		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33129		CITY- ST- ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
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.					
<b>SIGNATURE:</b> <u>Sherwin Ross</u> <span style="float: right;">4/21/05 305 856 5399</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

ROSS, SHERWIN  
1541 BRICKELL AVE  
B3603  
MIAMI FL 33129

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, 2005 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**

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	MIAMI FL 33129				
TITLE	SD	<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME	FISHER/ROSS, SANDRA		NAME		
STREET ADDRESS	1541 BRICKELL AVE A-2502		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33129		CITY- ST- ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
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**SIGNATURE:**

Sherwin Ross

4/21/05

305 856 5399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #