## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F11053

Address:

City-St-Zip:

901 S.W. 141 AVE, SUFFOLK M209

PEMBROKE PINES, FL 33027

Entity Name: JOMI CORPORATION

FILED Feb 01, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1543 NE 1 NORTH M	64TH ST IIAMI BCH, FL	33162			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1543 NE 1 NORTH M	64TH ST IIAMI BCH, FL	33162			
FEI Number	: 59-2043716	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:	
901 SW 14 M209	N, AARON D 41 AVE KE PINES, FL	33027 US			
	e named entity e of Florida.	submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered .	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARONSON, RO 901 S.W. 141	) Delete OSELYND V, AVE, SUFFOLK M209 INES, FL 33027	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	S ( ARONSON, AA	) Delete RON D,	Title: ( Name:	) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSELYND V. ARONSON PRES 02/01/2005