

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # K46855

1. Entity Name
JOMED DEVELOPMENT CORPORATION



Principal Place of Business
**% JOSE C. MENDIOLA, JR.
4812 S.W. 74TH COURT
MIAMI, FL 33155**

Mailing Address
**% JOSE C. MENDIOLA, JR.
4812 S.W. 74TH COURT
MIAMI, FL 33155**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0130276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDIOLA, JOSE C., JR.
4812 S.W. 74TH COURT
4004 UNIV DR (CORAL GABLES, FL 33146)
MIAMI, FL 33155**

**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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000643750
03/02/07-80015-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENDIOLA, JOSE C SR
STREET ADDRESS	4004 UNIVERSITY DR
CITY-STATE-ZIP	CORAL GABLES, FL
TITLE	EVP
NAME	MENDIOLA, JOSE C JR
STREET ADDRESS	4812 SW 74 COURT
CITY-STATE-ZIP	MIAMI, FL
TITLE	TS
NAME	MENDIOLA, ALEIDA Q
STREET ADDRESS	4004 UNIVERSITY DR
CITY-STATE-ZIP	CORAL GABLES, FL
TITLE	VP
NAME	MENDIOLA, E. F
STREET ADDRESS	8782 SW 61ST AVE
CITY-STATE-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/07

305-666-3334