## 2004 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** May 04, 2004 08:00 AM Secretary of State DOCUMENT # K85414 1. Entity Name JOMOR MANAGEMENT, INC. Principal Place of Business Mailing Address 247 ALMERIA AVENUE 247 ALMERIA AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0131149 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORALES, JOE DO NOT WRITE 247 ALMERIA AVENUE CORAL GABLES, FL 33134 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

IN THIS SPACE

the obligations of registered agent.			
SIGNATURE	nd tille if applicable (NOTE: Registered Agent's gnature require	od when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0		5.00 May Be ded to Fees	
10. OFFICERS AND	DIRECTORS		
TITLE		U00000155466 05/05/04-80037-011 150.00	
TITLE SD  NAME MORALES, GILDA  STREET ADDRESS 247 ALMERIA AVENUE CITY-ST-ZIP CORAL GABLES, FL		VS/05/04-80037-011 150.00	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME SIRRET ADDRESS CITY-S1-ZIP		Section 119.07/3V/) Florida Statutos I further cartify 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:** 

MORGUES

Applied For

\$8.75 Additional

Fee Required

Not Applicable