


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L84042 1. Entity Name JORO OF MIAMI, INC.	
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Principal Place of Business 8780 N.W. 102ND STREET MEDLEY, FL 33178	Mailing Address 8780 N.W. 102ND STREET MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3577217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENSTEIN, ROBERT
SANCTURARY DR.
WESTON, FL 33317

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

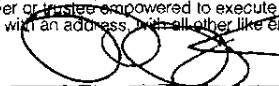
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUBINSTEIN, ROBERT 8780 N.W. 102ND STREET MEDLEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RUBINSTEIN, JON 8780 N.W. 102ND STREET MEDLEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/12/05-80002-009 150.00

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02/12/05-80002-010 8.75

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/24/05 305-888-6110
Date Daytime Phone #