APPROVED AND FILED

05 NOV -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074483

1. Entity Name

Jomar Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11730 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip 33181 Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 05

4. FEI Number

651135047

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Martin Restrepo

Street Address (P.O. Box Number is Not Acceptable)

11730 Biscayne Blvd.

City Miami, FL Zip Code 33181

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: _____ 500061449975 11/15/05--01077--006 **150.00

Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $ 550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Jormary Ospina
STREET ADDRESS	11730 Biscayne Blvd.
CITY-ST-ZIP	Miami, Fl 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

K. Ealed NOV 4 2005

SIGNATURE: Jormary Ospina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **JOMAR INVESTMENTS, INC.**

Thank you for your courtesy in this matter.

Jormary Ospina

JORMARY OSPINA
PRESIDENT