

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015839

Entity Name: LOOMODHI, INC.

FILED  
Jan 06, 2005  
Secretary of State

## Current Principal Place of Business:

2199 PONCE DE LEON BLVD., STE. 304  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 800638  
AVENTURA, FL 33280

## New Mailing Address:

FEI Number: 01-3344698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E ESQ.  
2199 PONCE DE LEON BLVD., STE. 304  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEPOLA, TODD  
Address: PO BOX 800638  
City-St-Zip: AVENTURA, FL 33280

Title: VP ( ) Delete  
Name: JUSTIN, NEPOLA  
Address: PO BOX 800638  
City-St-Zip: AVENTURA, FL 33280

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: NEPOLA, JUSTIN ESQ.  
Address: PO BOX 800638  
City-St-Zip: AVENTURA, FL 33280

Title: VP ( ) Change (X) Addition  
Name: NEPOLA, INA  
Address: PO BOX 800638  
City-St-Zip: AVENTURA, FL 33280

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: TODD NEPOLA

P

01/06/2005

Electronic Signature of Signing Officer or Director

Date