

FROM :

FAX NO. : 3055699118

May. 02 2005 10:36AM P5

FILED

May 04, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000061765	
1. Entity Name JOMAR REALTY INVESTORS, INC.	



Principal Place of Business 8135 SW 72 ST MIAMI, FL 33143	Mailing Address 8135 SW 72 ST MIAMI, FL 33143
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number 20-1349659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHMOND, SCOTT G 19 W FLAGLER ST 14 FLOOR MIAMI, FL 33130	
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**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 the filer, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$650.00 Due by September 7, 2005	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-STATE-ZIP	D CASTANEDA, JORGE D 8135 SW 72 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CASTANEDA, MARITZA 8135 SW 72 ST MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000360325
05/05/05-80030-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(c), 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

Certifying Firm #