


Amended

FILED

05 NOV 22 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P03000064483	
1. Entity Name JOMIC INVESTMENTS, INC.	

Principal Place of Business 500 E. BROWARD BOULEVARD SUITE 1125 FT. LAUDERDALE, FL 33394	Mailing Address 500 E. BROWARD BOULEVARD SUITE 1125 FT. LAUDERDALE, FL 33394
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



11212005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 33-1062567	Applied For Not Applicable
--------------	--------------	------------------------------------	-------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHAFFER, KEITH A 1720 HARRISON STREET 7TH FLOOR HOLLYWOOD, FL 33020		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
------------------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P ORLANDO, JOHN A 500 E BROWARD BLVD, STE 1125 FT. LAUDERDALE, FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Isaac C. Grossman 500 E Broward Blvd Ste 1125 FT. Lauderdale Fla 33394 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLELLAN, MICKEY 500 E. BROWARD BLVD, STE 1125 FT. LAUDERDALE, FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100061630091 11/22/05--01076--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE _____ DATE *11/21/05* **914-332-2002**