


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90031 022 \*\*\*\*\*8.75  
 03-18-2005 90065 045 \*\*\*141.25

**DOCUMENT # P03000156125**

1. Entity Name  
**JONICER CORP.**




Principal Place of Business      Mailing Address  
**570 N W 103 ST**                      **570 N W 103 ST**  
**MIAMI FL 33150**                      **MIAMI FL 33150**

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

City & State                              City & State  
 Zip    Zip    Country                                  Country

**20022606**



1st MOORE                      CR2E034 (10/04)

4. FEI Number      Applied For  
**20-0592808**                       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CERNA, JOSE MARIA**  
**570 N W 103 ST**  
**MIAMI FL 33150**

7. Name and Address of New Registered Agent  
 Name      **SAME Address and Agent**  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or facsimile name of registered agent and date if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing      \$5.00 May Be  
 Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CERNA, JOSE MARIA</b>	
STREET ADDRESS	<b>570 N W 103 ST</b>	
CITY- ST- ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CERNA, NIDIA A</b>	
STREET ADDRESS	<b>11960 SW 210 ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL 33177</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERNA NIDIA A.</b>	
STREET ADDRESS	<b>2980 Point Ent Dr. #D105</b>	
CITY- ST- ZIP	<b>AVENTURA, FL 33160</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: Jose M. CERNA      Date: 1-30-05

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Deface Photo P