2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90313 018 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000013584

1. Entity Name
JOAMA ENTERPRISES CORP.

Principal Place of Business	Mailing Address
P.O. BOX 771981 OCALA, FL 34481-1981	P.O. BOX 771981 OCALA, FL 34481-1981
2. Principal Place of Business: 7400 NW 55 AVE	3. Mailing Address: 3920 NW 14 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Fl	City & State: Ocala Fl
Zip: 34482 Country:	Zip: 34482 Country:

4. FEI Number: 20-0692141 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, NATHAN
~~18114 SW 113 CT~~ ~~P.O. BOX 771981~~
~~MIAMI, FL 33157-1981~~ ~~OCALA, FL 34480~~ ~~34481~~
3920 NW 14 st
Ocala Fl 34482

7. Name and Address of New Registered Agent

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: [signature] NATHAN ALVAREZ 4-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ~~ALVAREZ, NATHAN~~ ~~P.O. BOX 771981~~ ~~OCALA, FL 344811981~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NATHAN ALVAREZ 3920 NW 14 st Ocala Fl 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #