
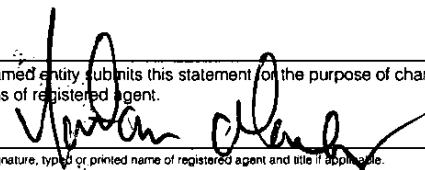
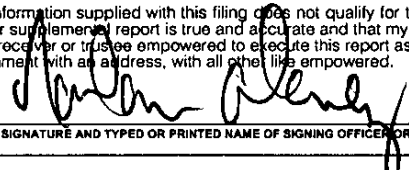


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90185 036 \*\*\*150.00

<b>DOCUMENT # P04000013584</b> 1. Entity Name <b>JOAMA ENTERPRISES CORP.</b>					
Principal Place of Business <b>7400 NW 55 AVE. OCALA, FL 34482</b>			Mailing Address <b>3920 NW 14 STREET OCALA, FL 34482</b>		
2. Principal Place of Business <b>14215 SW 16 PL</b>		3. Mailing Address <b>14215 SW 16 PL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>		4. FEI Number <b>20-0692141</b>	
Zip <b>34481</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14215 SW 16 PL</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34481</b>		
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: <b>4-28-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, NATHAN 3920 NW 14 STREET OCALA, FL 34482	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: <b>4-28-06</b> Daytime Phone #			