

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90047 031 ***150.00

DOCUMENT # P04000077353
 1. Entity Name
 JOMOSK INVESTMENTS, INC.



Principal Place of Business: C/O JOSHUA J. CASPI, 45 5TH AVE APT 4C, NEW YORK, NY 10003
 Mailing Address: C/O JOSHUA J. CASPI, 45 5TH AVE APT 4C, NEW YORK, NY 10003

20021520



2. Principal Place of Business: 19501 W. Country Club Dr., Suite, Apt. #, etc. 903
 3. Mailing Address: 19501 W. Country Club Dr., Suite, Apt. #, etc. 903

02052005 Chg-P CR2E034 (10/03)

City & State: Aventura, FL
 Zip: 33180 Country: U.S.
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 Zip: 33180 Country: U.S.

4. FEI Number: 37-1489972
 Apply For: Not Applicable

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

6. Name and Address of Current Registered Agent: SEGAL, WILLIAM J, 20801 BISCAYNE BLVD STE 304, MIAMI, FL 33180
 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] DATE: 2/10/05

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: D NAME: CASPI, JOSHUA J STREET ADDRESS: 45 5TH AVE APT 4C CITY-ST-ZIP: NEW YORK, NY 10003	<input type="checkbox"/> Delete	TITLE: [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Change] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 19501 W. Country Club Dr # 903 CITY-ST-ZIP: Aventura, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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] DATE: 2/10/05