2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State
01-11-2007 90057 003 ***158.75

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1. Entity Name
JOFRA HOME INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3001 QUAYSIDE LANE MIAMI, FL 33138	3001 QUAYSIDE LANE MIAMI, FL 33138

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2327978
Applied For
Not Applicable

5. Certificate of Status Desired [✓] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, JILL B ESQ.
455 FAIRWAY DR., SUITE 104
DEERFIELD BCH, FL 33441

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVY, JOEL A
STREET ADDRESS	3001 QUAYSIDE LANE
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	T
NAME	LEVY, JAMIE L
STREET ADDRESS	3001 QUAYSIDE LANE
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VD
NAME	LANE, FRANK D
STREET ADDRESS	16968 87TH LANE NORTH
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	S
NAME	LANE, ROXANNE G
STREET ADDRESS	16968 87TH LANE NORTH
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joel A. Levy Joel A. Levy 1-5-07 305 322-7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #