2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162850

Entity Name: JOZAMAR INVESTMENT, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8004 NW 154 STREET 8004 NW 154 STREET

MIAMI LAKES, FL 33016 #371

MIAMI LAKES, FL 33016

Current Mailing Address: New Mailing Address:

8004 NW 154 STREET 8004 NW 154 STREET

MIAMI LAKES, FL 33016 #371

MIAMI LAKES, FL 33016

FEI Number: 20-3931629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.

16300 NE 19 AVE

SILVA'S ENTERPRISE, INC.
5220 S. UNIVERSITY DRIVE

SUITE C SUITE C-102

NORTH MIAMI BEACH, FL 33162 US DAVIE, FL 33162 US

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.

SIGNATURE: FERNANDO SILVA

ERNANDO SILVA 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MATOS, MARCOS
 Name:
 MATOS, MARCOS

 Address:
 8004 NW 154 STREET
 Address:
 8004 NW 154 STREET #371

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: VP () Delete Title: VP (X) Change () Addition Name: ZAPATA, ARUM Name: ZAPATA, ARUM

 Address:
 8004 NW 154 STREET
 Address:
 8004 NW 154 STREET #371

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: SD () Delete Title: SD (X) Change () Addition

Name: MEMBA, JOSE L Name: MEMBA, JOSE L

Address: 8004 NW 154 STREET Address: 8004 NW 154 STREET #371
City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS MATOS PD 04/23/2007