## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000011580

Address:

City-St-Zip:

**2675 WEST 52 STREET** 

HIALEAH, FL 33016

Entity Name: JPOMARES GROUP CORP.

FILED Apr 22, 2009 Secretary of State

| Current Principal Place of Business:        |  |                                 | New Principal Place o                         | New Principal Place of Business:             |  |
|---|--|---------------------------------|---|--|--|
| 1170 NW :<br>FT. LAUD                       | 51ST ST.<br>ERDALE, FL                           | 33309                           |   |  |  |
| Current Mailing Address:                    |  |                                 | New Mailing Address:                          |  |  |
|   | EDERAL HIGH<br>LD BEACH, FL                      | HWAY, 2ND FLOOR 1136<br>_ 33441 |   |  |  |
| FEI Number                                  | : 20-8304690                                     | FEI Number Applied For ( )      | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of                                       | Current Registered Agent:       | Name and Address of                           | Name and Address of New Registered Agent:    |  |
|   | ST 52 STREET                                     | -<br>US                         |   |  |  |
|   | e named entity<br>e of Florida.                  | submits this statement for th   | e purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUI                                    | RE:  |                                 |   |  |  |
|   | Electro  | nic Signature of Registered A   | Agent   | Date   |  |
| Election Ca                                 | mpaign Financir                                  | ng Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |  |                                 | ADDITIONS/CHANGES                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>POMARES, JA<br>2675 WEST 5<br>HIALEAH, FL | 2 STREET                        | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                          |  |
| Title:<br>Name:                             | V (<br>BALLESTAS. I                              | ) Delete<br>DALIS M             | Title: (<br>Name:                             | ) Change ( ) Addition                        |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAVIER POMARES P 04/22/2009