

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000045944		
1. Entity Name JOMILINI INC.		
Principal Place of Business 1475 WEST OKEECHOBEE RD. SUITE 3 HIALEAH, FL 33010	Mailing Address 1475 WEST OKEECHOBEE RD. SUITE 3 HIALEAH, FL 33010	
DO NOT WRITE IN THIS SPACE		
		01312006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0430218		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SANTIESTEBAN, MERCEDES Z 1475 WEST OKEECHOBEE RD. SUITE 3 HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE
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 reconstituting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		000000472131 03/29/06-80024-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANTIESTEBAN, MERCEDES Z 1475 WEST OKEECHOBEE RD., STE.#3 HIALEAH, FL 33010	
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DO NOT WRITE IN THIS SPACE		
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: <i>X Mercedes Z Santiesteban</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		