## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2008 8:00 am Secretary of State

DOCUMENT # P95000070689  1. Entity Name JOSHOMIE INC.							02-19-200	8 90020 0	35 ***1:	50.00	
Principal Place of Business			Mailing Address			4002	7690				
20601 MARLIN RD			20601 MARLIN RD Miami, FL 33189 US			4004					
MIAMI, FL 33189 US			MIAMI, FL 33189 US				•				
			I a see		· .						
2. Principal P		ness - No P.O. Box # ed	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02122008	Chg-P	CBSENS	4 (12/06)		
			0.10								
City & State  MIRMI FL:			City & State			4. FEI Numb 65-061			<u> </u>	plied For t Applicable	
Zin - Country		Country	Zip Coun		· · · · · · · · · · · · · · · · · · ·		_ \$9.7		<del>- 11</del>	75 Additional	
33	33184 WSA				1	S. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent					
	6. Name	and Address of Current f	Registered Agent	gistered Agent Name -			Address of New F	Registered A	jent		
KHAN, ME 9910 DOM MIAMI, FL	IINICAN D	PRIVE	Street A			ss (P.O. Box Numb	er is Not Acceptabl	e)			
					City			FL	Zip Code	9	
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, typed	or printed name of registered agent a	and title if applicable. (NOI	id Agent signature req	quired when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.						\$5.00 May Be Added to Fees				:	
10.	Y	OFFICERS AND	DIRECTORS	11,		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11	
TITLE NAME	L LD	EĖĐΔ	Delete	TITLI					☐ Change	Addition	
NAME KHAN, MEERA STREET ADDRESS 20601 MARLIN RD					ET ADDRESS						
CITY-ST-ZIP	MIAMI, FI	_ 33189		CITY	-ST-ZIP						
TITLE	VPD		Detete	TITU	E	•			☐ Change	☐ Addition	
NAME STREET ADDRESS	KALUCHARAN, SHOBHA				ET ADDRESS						
City-St-ZiP					-ST-ZIP						
TITLE			Detete	TITU	E				☐ Change	☐ Addition	
NAME				NAM	-						
STREET ADDRESS CITY+ST-ZIP					EET ADDRESS				_	=	
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CITY-ST-ZIP				_	-ST-ZIP				Change	[7] Addition	
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CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS				NAM	EET ADDRESS						
CITY-ST-ZIP	]				-ST-ZIP						
12. I hereby of indicated of the cor	certify that th l on this reporporation or t	e information supplied with rt or supplemental report is he receiver of trustee empo	this filing does not qualify for true and accurate and that owered to execute this repor	or the exi my signa t as requi	emptions contai ture shall have t ired by Chapter	ined in Chapter 11 the same legal effe 607, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nan	I further certif oath; that I ar ne appears in	y that the in n an officer Block 10 or	nformation or director Block 11 if	
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 of 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.											

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