2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P98000092875 1. Entity Name 03-01-2006 90019 003 ***150.00 JOMARO INVEST, INC. Principal Place of Business Mailing Address 6801 LAKE DEVON WOOD DRIVE 6801 LAKE DEVON WOOD DRIVE FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 6801 LAKE DEVONWOOD 6801 LAKE DEJON WOOD DP Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0636964 环 MYERS FLORIDA MYERS FURIDA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33908 EE EE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLFF, ESQ., CASEY Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DR **STE 203** NAPLES FL 34103 Zip Code 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, typen or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 说: AFILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TIFI F Change Addition ZINSBERGER JOSEF NAME ZINSBERGER, JOSEF NAME 6801 LAKE DEVON WOOD DR STREET ADDRESS 3881 WINDWARD PASSAGE CIR, UNIT F-201 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIF FT, MYEDS FL 33908 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete ☐ Change TITLE Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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if changed, or on an attachment with an address, with all other like empowered

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