

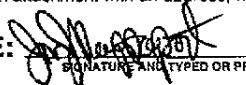


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V45925</b>			
1. Entity Name <b>JOMAR REAL ESTATE HOLDINGS CORPORATION</b>			
Principal Place of Business <b>19501 BISCAYNE BLVD. SUITE 400 AVENTURA, FL 33180 US</b>		Mailing Address <b>19501 BISCAYNE BLVD. SUITE 400 AVENTURA, FL 33180 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0356785</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAPPAPORT, JON J 19501 BISCAYNE BLVD. SUITE 400 AVENTURA, FL 33180</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000153618 05/04/04-80134-022 150.00	
TITLE	P		
NAME	RAPPAPORT, JON J		
STREET ADDRESS	19501 BISCAYNE BLVD., STE. 400		
CITY - ST - ZIP	AVENTURA, FL 33180		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4-28-04 305-937-6200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #