

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 362725

FILED
Feb 04, 2009
Secretary of State

Entity Name: JARVI CORP & ASSOCIATES

Current Principal Place of Business:

300 MT. LEBANON BLVD
210
PITTSBURGH, PA 152341507 US

Current Mailing Address:

300 MT. LEBANON BLVD
210
PITTSBURGH, PA 152341507 US

New Principal Place of Business:

2801 NW 55TH COURT
#7W REAR
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

300 MT. LEBANON BLVD
SUITE 210
PITTSBURGH, PA 152341507 US

FEI Number: 59-1296175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLODGETT, GARY R.
15905 BARNSTORMER
WELLINGTON, FL 334148302 US

Name and Address of New Registered Agent:

BLODGETT, GARY R PD
15905 BARNSTORMER
WELLINGTON, FL 334148302 US

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.

SIGNATURE: GARY R. BLODGETT

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARY R. BLODGETT,
Address: 15905 BARNSTORMER COURT
City-St-Zip: WELLINGTON, FL 334148302 US

Title: VD () Delete
Name: THOMAS R. BLODGETT,
Address: P.O. BOX 163
City-St-Zip: MARS, PA 16046 US

Title: VD () Delete
Name: ALTMAN, STACEY A
Address: 399 WOODCLIFF CIR.
City-St-Zip: PITTSBURGH, PA 15243 US

Title: TSCD () Delete
Name: BLODGETT, ELIZABETH J
Address: 145 JONATHAN DRIVE
City-St-Zip: MCMURRAY, PA 153178022 US

Title: VD () Delete
Name: SANCHEZ, PORFIRIO
Address: 15905 BARNSTORMER COURT
City-St-Zip: WEST PALM BEACH, FL 334148302 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLODGETT, GARY R
Address: 15905 BARNSTORMER COURT
City-St-Zip: WELLINGTON, FL 334148302 US

Title: VD (X) Change () Addition
Name: BLODGETT, THOMAS R
Address: FOURTH STREET
City-St-Zip: CANONSBURG, PA 15317 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: GARY R BLODGETT

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date