


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90061 012 ***150.00

DOCUMENT # P03000033433	
1. Entity Name JOVI INVESTMENTS, INC.	

Principal Place of Business 18851 NE 29TH AVE STE #900 AVENTURA, FL 33180-2808	Mailing Address 18851 NE 29TH AVE STE #900 AVENTURA, FL 33180-2808
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2. Principal Place of Business - No P.O. Box # 6447 MIAMI LAKES DR E SUITE 203 J	3. Mailing Address 6447 MIAMI LAKES DR E SUITE 203-J
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014	Zip 33014
Country US	Country US

02012008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0584342	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DI GERONIMO, VICTOR 5035 PALM AVENUE HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name DI GERONIMO VICTOR Street Address (P.O. Box Number is Not Acceptable) 6447 MIAMI LAKES DR E 203-J City MIAMI LAKES FL Zip Code 33014
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI GERONIMO, VINCENTE J 18851 NE 29TH AVE, STE #900 AVENTURA, FL 331802808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DI GERONIMO, ELSA ADELINA B 18851 NE 29TH AVE, STE #900 AVENTURA, FL 331802808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DI GERONIMO ALVAREZ, VICTOR J 18851 NE 29TH AVE, STE #900 AVENTURA, FL 331802808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI GERONIMO, VERONICA M 18851 NE 29TH AVE STE #900 AVENTURA, FL 331802808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **01/31/08 (705) 818-9552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #