

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

|                                    |  |                                                                                   |
|------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P05000032498            |  |  |
| 1. Entity Name<br>JVD SERVICE INC. |  |                                                                                   |

|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>1730 NW 15 APT 8<br>MIAMI, FL 33125 | Mailing Address<br>1730 NW 15 APT 8<br>MIAMI, FL 33125 |
|--------------------------------------------------------------------|--------------------------------------------------------|

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| 2. Principal Place of Business<br>1730 NW 15 APT 8<br>Suite, Apt. #, etc. | 3. Mailing Address<br>1730 NW 15 APT 8<br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>Miami FL | City & State<br>Miami FL |
| Zip<br>33125             | Zip<br>33125             |
| Country<br>USA           | Country<br>USA           |



04122006 Chg-P CR2E034 (11/05) 06

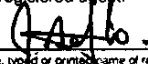
|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2457248 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>DELGADO, JOSE V<br>1730 NW 15 APT 8<br>MIAMI, FL 33125 |  |
|-----------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name: Jose Delgado<br>Street Address (P.O. Box Number is Not Acceptable): 1730 NW 15 APT 8<br>City: Miami FL Zip Code: 33125 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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<br>After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>DELGADO, JOSE V<br>1730 NW 15 APT 8<br>MIAMI, FL 33125 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 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, 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:  | 4-11-06 |
|------------------------------------------------------------------------------------------------|---------|

FILED  
06 NOV 13 PM 4:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA