2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P02000018592** 1. Entity Name JAVÁ COMMUNICATIONS, INC. Principal Place of Business Mailing Address C/O 8307 NW 68 ST., STE 4929 C/O 8307 NW 68 ST., STE 4929 MIAMI, FL 33166 MIAMI, FL 33166 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0634190 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, LLC DO NOT WRITE 201 S BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131 IN THIS SPACE 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 Signature, typed or printed name of registored agent and title if applicable (MOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000120311 TITLE 04/19/04-80127-011 150.00 BELTRAN, DANIEL H NAME STREET ADDRESS C/O 8307 NW 68 ST., STE 4929 MIAMI, FL 33166 CITY+ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C33Y - 53 - 23P TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - 70P TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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 addres like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 337LE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED