2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 21, 2004 8:00 am Secretary of State

DOCUMENT # P03000123930					Secretary of State			
Entity Name F.A. JAVIER, INC.						09-21-2004	90002 004 ***150	0.00
F.A. JAVII		74	E.C.					
	TRANSPORTER			6 T 199				
Principal Place		Mailing Address		•				
419 LAKESID Tamarac, Fl		419 LAKESIDE DR TAMARAC, FL 33319						
	(IMMINIO, IL 33313		, .	A LORGINAL MI			
2 Principal C	lace of Business	3' Mailing Address						
4129	Lakesde Dr.	3. Mailing Address				(8.110) Aliju Balu Balu		1881 11 1881
Suite, Apt.		Suite, Apt. #, etc.			09132004	Chg-P	CR2E034 (10/03)	
City & State		City & State			• 4. FEI-Number	r		plied For
	Country	Zip .	Country		*		_ \$9.75 Add	t Applicable
^{Zip} 333)1q.	33319.			5. Certificate of	of Status Desired	Fee Required	
	6. Name and Address of Current F	Registered Agent	Non		7. Name and	Address of New R	egistered Agent	
ANISTIZABAL, FRANCISCO			Nan	ne				
419 LAKESIDE DR			Stre	Street Address (P.O. Box Number is Not Acceptable)				
TAMARAC	s, FL 33319					•		
			City		-	·	FL Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its r	egistered offic	ce or register	red agent, or both	n in the State of Eld		and accept
	ions of registered agent.	and parpool or arranging no	-9		(ı	,		`
SIGNATURE_							,	
Signature, typed or printed name of registered agent and trife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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12. I hereby certify that the information supplied with this filling does not quality 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

950) 394 U4 Daytime Phone #