


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # G34565 1. Entity Name JOVI ENTERPRISES, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 |
|---|---|



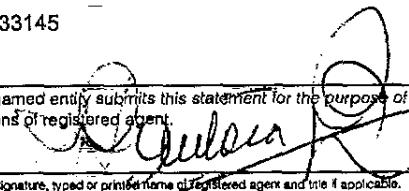
01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-2014704 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 |
|--|

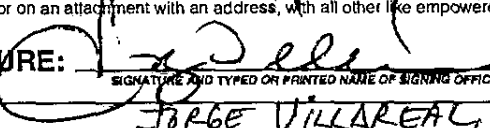
| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|

| | |
|---|--|
| 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 the obligations of registered agent. | |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. | AMADA CANTERA LOPEZ, PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE 3/29/05 |

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VILLARREAL, JORGE 1000 N.W. 39TH AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD VILLARREAL, MARTA 1000 N.W. 39TH AVENUE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|

| | |
|---|--|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 3/29/05 (305) 642-1755 Date Daytime Phone # |