

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 008 \*\*\*158.75

**DOCUMENT # J80886**

1. Entity Name  
**SOUTHERN JAVID, INC.**



Principal Place of Business  
**4851 N.E. 26TH AVENUE  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**C/O LIKTORIUS  
4851 NE 26 AVENUE  
FT LAUDERDALE, FL 33308**

2. Principal Place of Business  
**5000 N. OCEAN BLVD**

3. Mailing Address  
**5000 N OCEAN BLVD**

Suite/Apt. #, etc.  
**1602**

Suite/Apt. #, etc.  
**1602**

City & State  
**FORT LAUDERDALE FL**

City & State  
**FORT LAUDERDALE FL**

Zip  
**FL 33308**

Country  
**USA**

Zip  
**33308**

Country  
**USA**

08262004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2822847**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DIDZIULIS, JADVYGA  
5000 N. OCEAN BLVD.  
APT. 1602  
FORT LAUDERDALE, FL 33308**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIDZIULIS, JADVYGA  
5000 N OCEAN BLVD APT 1602  
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LIKTORIUS, MILDA  
4851 N.E. 26TH AVENUE  
FORT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
SILIUNAS, VIDA  
4900 N OCEAN BLVD APT 712  
FT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**5000 N. OCEAN BLVD #1602  
FORT LAUDERDALE FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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.

**SIGNATURE:**

**Vida Siliunas V/S**

**8/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #