2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # J80886

1. Entity Name
SOUTHERN JAVID, INC.

Principal Place of Business	Mailing Address
5000 N. OCEAN BLVD SUITE 1608 FORT LAUDERDALE, FL 33308	C/O LIKTORIUS 5000 N OCEAN BLVD, SUITE 1608 FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

02162006 No Chg-P CR2E034 (11/05)

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

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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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIDZIULIS, JADVYGA
STREET ADDRESS	5000 N OCEAN BLVD APT 1602
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	PD
NAME	LIKTORIUS, MILDA
STREET ADDRESS	5000 N. OCEAN BLVD #1608
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VS
NAME	SILIUNAS, VIDA
STREET ADDRESS	4900 N OCEAN BLVD APT 712
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80001-017 158.75

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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 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 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #