

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J80886 1. Entity Name SOUTHERN JAVID, INC.	
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Principal Place of Business 5000 N. OCEAN BLVD SUITE 1608 FORT LAUDERDALE, FL 33308	Mailing Address C/O LIKTORIUS 5000 N OCEAN BLVD, SUITE 1608 FT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE	 02162006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2822847 5. Certificate of Status Desired  \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIDZIULIS, JADVYGA 5000 N. OCEAN BLVD. APT. 1602 FORT LAUDERDALE, FL 33308

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.

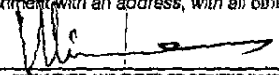
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U000000470133 03/28/06-80001-017 158.75 DO NOT WRITE IN THIS SPACE

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 #