


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K57088

1. Entity Name
JOVIKON INC.



Principal Place of Business % JOSEPH COLE 13040 SW 80 ST MIAMI, FL 33183	Mailing Address JOVIKON INC 13040 SW 80 ST. MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE

01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0383129	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

**COLE JOSEPH L.
13040 SW 80 ST.
MIAMI, FL 33183**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	MOSTELLER VICTORIA
NAME	1509 MARCY DR
STREET ADDRESS	JACKSONVILLE, FL 32259
CITY-ST-ZIP	
TITLE D	SZARKA, CONSTANCE GRACE
NAME	8730 RIDGELAND DR
STREET ADDRESS	MIAMI, FL 33157
CITY-ST-ZIP	
TITLE D	COLE, JOSEPH L.
NAME	13040 S.W. 80TH ST.
STREET ADDRESS	MIAMI, FL 33183
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/27/05-80168-008 150.00

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: Joseph L. Cole **JOSEPH L. COLE** 4/27/05 305-385-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #