

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4. May 26, 2006 8:00 am Secretary of State


04-27-2006 90152 040 ***150.00

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04182006 No Chg-P CR2E034 (11/05)

DOCUMENT # K57088
 1. Entity Name
JOVICKON INC.



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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSTELLER VICTORIA 1509 MARCY DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZARKA, CONSTANCE GRACE 8730 RIDGELAND DR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, JOSEPH L. 13040 S.W. 80TH ST. MIAMI, FL 33183
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 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: *Joseph L. Cole* JOSEPH L. COLE Sec. 5/27/06 305-385-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #