


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

| | |
|---------------------------------|---|
| DOCUMENT # K57088 |  |
| 1. Entity Name JOVIKCON INC. | |

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| Principal Place of Business % JOSEPH COLE 13040 SW 80 ST MIAMI, FL 33183 | Mailing Address JOVIKCON INC 13040 SW 80 ST. MIAMI, FL 33183 |
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 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 | |

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05/09/07-80041-015 150.00

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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: Joseph L. Cole JOSEPH COLE Date: 4/20/07 305-385-7240 Daytime Phone #