FILED Jul 17, 2007 8:00 am Secretary of State 03-21-2007 90162 027 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUI 1. Entity Nam JVS PRO	ne e	#L06000118			03-21-20	JO / J OT) <u>2</u>	30.00		
Principal Place of Business Mailing Address 51 S.W. 127TH AVE. 51 S.W. 127TH AVE. MIAMI, FL 33184 MIAMI, FL 33184						 - 	IN ABIND BUIN BEIN BEIN EBI	DI 111 DI (1801) (8	111 Beita Nebi 21	iet i ni 1 721
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc. 141 NG 24 97			03152007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State MIAMI, F2			4. FEI Numb	per		-	oplied For of Applicable
Zìp	Country				iry II DADE	5. Certificate of Status Desired		\$5.00 Additional Fee Required		
 	6. Name	and Address of Current		7. Name and Address of New Registered Agent Name						
VALDES, JUAN E ESQ. 4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012					Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e	
8. The above the obligati	named entiti ions of regist	y submits this statement followed agent.	or the purpose of changing its	registere	ed office or register	red agent, or b	oth, in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered apont	and title it applicable. (NOT	E Registere	d Agent signature recuked	d when reinstaung)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						-		e check p Departm	ayable to ent of Stat	•
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM Deicto								Change	Addition
NAME Street address	SUAREZ,	JOSE 27TH AVE.		E Et addr es s						
CITY-ST-ZIP	MIAMI, FL			·ST-ZIP						
TOTLE			☐ Octete	TOLE				•	Change	Addition
NAME STREET ADDRESS GITY-ST-ZIP					et address					
TITLE			☐ Dokete	TITLE	-ST-ZIP				☐ Change	☐ Addition
NAME STORET ADDOCCO				MAM	l l					_
STREET ADDRESS CITY-ST-ZIP					et adoress •St-zip					
TITLE			☐ Delete	TOTLE					☐ Change	Addition
NAME Street address				NAM	E Et address					
CITY-S1-ZIP					-ST-ZIP					
DILE		· - · ·	☐ Delcie	TITLE					☐ Change	Addition
STREET ADDRESS				NAM! STRE	ET ADORESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
Name Street address	ORESS .				ET ADORESS					
CITY-ST-ZIP					ST-ZIP					
11. Thereby 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 is true and adcurate and that my signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: BIGHATURE AND TIPE OF OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISC OBjurne Prone is										