


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # M15038	
1. Entity Name JOCAVI, INC.	

Principal Place of Business C/O JORGE VILLARREAL 7423 S.W. 24TH ST. MIAMI, FL 33155 US	Mailing Address C/O JORGE VILLARREAL 7423 S.W. 24 STREET MIAMI, FL 33155
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2848219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VILLARREAL, JORGE 7423 S.W. 24 STREET MIAMI, FL 33155
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLARREAL, EMILIO 3825 S.W. 128 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLARREAL, JORGE 11860 S.W. 43RD ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLARREAL, CARLOS 3920 N.W. 9 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/07-80013-016 150.00

**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: Emilio Villarreal / Emilio Villarreal 4-3-07 (305) 261-7362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #