

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P00000024349

1. Entity Name
JACV ENTERPRISES, INC.



Principal Place of Business Mailing Address
831 E. COMMERCIAL BLVD. 831 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33334 US FORT LAUDERDALE, FL 33334 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1009394 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RALLIFORD, VIOLET
831 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33308

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMITH, RANDY**
STREET ADDRESS **831 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **U000000759593**
05/24/07-80048-022 150.00

TITLE **VP** ☐ Delete
NAME **RALLIFORD, VIOLET E**
STREET ADDRESS **831 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BIEN AIME, JOYCE**
STREET ADDRESS **831 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #