

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000035165	
1. Entity Name JIVAN, INC.	

Principal Place of Business ATTN: GEORGE D. PERLMAN, ESQ. 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	Mailing Address ATTN: GEORGE D. PERLMAN, ESQ. 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131
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02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035218	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEORGE D. PERLMAN, P.A.
701 BRICKELL AVENUE SUITE 3000
MIAMI, FL 33131**

**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 reinstalling)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

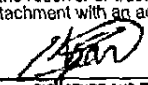
**100000413192
02/14/06-80037-019 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DODARD, PHILPPE C/O 701 BRICKELL AVE STE.,#3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRISCH, MICHELE C/O 701 BRICKELL AVE STE.,#3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD JAAR, LAURA C/O 701 BRICKELL AVE STE.,#3000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JAAR, ROGER C/O 701 BRICKELL AVE STE., #3000 MIAMI, FL 33131
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:  **LAURA JAAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 305.597-6267
Date Daytime Phone #