


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000106321	
1. Entity Name JVC Contractors, Inc	

FILED
03 JUN -4 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

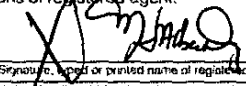
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18175 SW 5th Ct.	3. Mailing Address (SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Kembroke Pines, FL	City & State
Zip 33029	Country USA

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Maurice Alba Street Address (P.O. Box Number is Not Acceptable) 2826 SW 128th Way City Miramar FL Zip Code 33027	

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 reappointing) DATE

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	President Jose Vicente Castro 18175 SW 5th Ct. Kembroke Pines, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600022293536 08/13/03--01072--028 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maurice Alba 2826 SW 128th Way Miramar, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ Daytime Phone # _____

CR2E034B (12/02)