



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 049 ***150.00

DOCUMENT # P00000114808 1. Entity Name D'CODA JVS INC					
Principal Place of Business 7711 N.M.L. TARY TRAIL #214 PALM BEACH GARDENS, FL 33410			Mailing Address 4987 N UNIVERSITY DR LAUDERHILL, FL 33351		
2. Principal Place of Business - No P.O. Box # <i>7711 N Military Trail</i> Suite, Apt. #, etc. <i>#214</i>		3. Mailing Address <i>7711 N Military Trail</i> Suite, Apt. #, etc. <i>#214</i>			
City & State <i>PALM BEACH GARDENS - FL</i> Zip <i>33410</i>		City & State <i>PALM BEACH GARDENS - FL</i> Zip <i>33410</i>		4. FEI Number 65-1066804	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FORESTER, R.W. 3156 SANTE MARGARITA RD WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT <input type="checkbox"/> Delete FORESTER, RAYMOND W 3156 SANTA MARGARITA ROAD WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>RW Forester</i>			3-5-07 954-741-5526 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					