


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000016928 1. Entity Name J.S.V. PROPERTIES, INC. |  |
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| Principal Place of Business 223 NW 129TH AVE MIAMI, FL 33174 | Mailing Address 223 NW 129TH AVE MIAMI, FL 33174 |
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DO NOT WRITE IN THIS SPACE




04262004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 65-1091066 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CASTANEDA, JOSE R 223 NW 129TH AVE MIAMI, FL 33174 |
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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: 4/29/04

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|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000154466 05/04/04 00150 011 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTANEDA, JOSE R 223 NW 129TH AVE MIAMI, FL 33174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTANEDA, SANDRA 223 NW 129TH AVE MIAMI, FL 33174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 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 19.07(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 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: 4/29/04 DAYTIME PHONE #