


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC -2 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016928					
1. Entity Name J.S.V. PROPERTIES, INC.					
Principal Place of Business 223 NW 129TH AVE MIAMI, FL 33174			Mailing Address 223 NW 129TH AVE MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # 14853 SW 24th.		3. Mailing Address 14853 SW 24th.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLA		City & State MIAMI FLA			
Zip 33185	Country U.S.A	Zip 33185	Country U.S.A		
6. Name and Address of Current Registered Agent CASTANEDA, JOSE R 223 NW 129TH AVE MIAMI, FL 33174			7. Name and Address of New Registered Agent Name: Sandra Castaneda Street Address (P.O. Box Number is Not Acceptable) 14853 SW 24th. City: MIAMI FLA FL Zip Code: 33185		
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: <i>Sandra Castaneda</i> 11/29/07 / 11/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANEDA, JOSE R 223 NW 129TH AVE MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Castaneda 14853 SW 24th. MIAMI FLA 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTANEDA, SANDRA 223 NW 129TH AVE MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose R Castaneda 14853 SW 24th. MIAMI FLA 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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>Sandra Castaneda</i> 11/6/07 (305) 2971252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

12/5/07