

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # P01000047016

1. Entity Name
JOVEL TECHNOLOGIES, INC.



Principal Place of Business
**10216 GARDEN ALCOVE DRIVE
TAMPA, FL 33647**

Mailing Address
**10216 GARDEN ALCOVE DRIVE
TAMPA, FL 33647**



05232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOVEL, EFRAIN E
10216 GARDEN ALCOVE DRIVE
TAMPA, FL 33647**

**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 **FREDERICK P CARDINALE, POA** **Frank P Cardinale** **5/23/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOVEL, EFRAIN E 10216 GARDEN ALCOVE DRIVE TAMPA, FL 33647
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**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: **FREDERICK P CARDINALE, POA** **Frank P Cardinale** **813-264-0844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #