## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 08:00 AM Secretary of State

ARROAL REPORT					* C	-4	CC4-4-
DOCUMENT # P0100049100  1. Entity Name J & V REAL ESTATE CORPORATION, INC.					Secr	etary o	of State
Principal Place 4110 NW 58 COCONUT CR		Mailing Address 4110 NW 58TH ST. COCONUT CREEK, FL 33073			<b>                                   </b>	<b>     </b>	511 <b>55</b> 777 <b>57</b> 71 <b>35</b> 77 (1 <b>105</b> 1
D	O NOT WRITE  5. Name and Address of Current R	CE	J ** 1-1 T T T T T T T T T T T T T T T T T T			Applied For Not Applicable 75 Additional	
VERNON, LEONARD 4110 NW 58TH ST. COCONUT CREEK, FL 33073			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.  Signature. Nood or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be							and decept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  VERNON, LEONARD  4110 NW 58TH ST.  COCONUT CREEK, FL 33073	<u> </u>	- Add	ed to Fees	Ugang	0305092	150.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D JAFERI, ALI M 8147 TWIN LAKES DR. BOCA RATON, FL 33496			DΟ	NOT W		JUB 13U.UU
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  YITLE NAME					THIS SF		
STREET ADDRESS CITY-ST-ZIP TITLE		······································	<u> </u>  -				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report or supplemental report is the and acquirate 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

4/12/2005 954-429-868.

LEONARY VERNOY