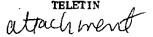
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2003 8:00 am Secretary of State

1. Entity Nan	OCCUMENT # PO1000049100 Entity Name V REAL ESTATE CORPORATION, INC.					04-14-2003 9	0228 033 **	**150.00	
Principal Place of Business 4110 NW 58TH ST. COCONUT CREEK FL 33073		Mailing Address 4110 NW 58TH ST. COCONUT CREEK FL 33073							
2. Principal Place of Business		3. Mailing Address				- I FORM HERE IN ROBBOT FORM REAL POLICE CONTROL FOR THE FORM FOR FOR FORM FOR THE FORM FOR FOR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & Sta		4.	FEI Number APPLIED FOR		pplied For of Applicable		
Zip	Country	Zip		ountry		Certificate of Status Desired	\$8.75 Ad Fee Require	d	
	6 Name and Address of Current	Hegisteren Ag	ent		7:-	Name and Address of New Registers	Agent		• •
VEDNON	I EOMADO			Name				[-
VERNON, LEONARD 4110 NW 58TH ST.				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
COCONUI	CREEK FL 33073							1	
			·· <u>···</u>	City			Zip Cod		
the obligat	named entity submits this statement folions of registered agent.	r the purpose o	of changing its regis	tered office or reg	istered ag	gent, or both, in the State of Florida. Ta	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis	stered Agent signature rec	quired when r	reinstating) DAT	<u> </u>		
After &	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department o	f State				Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	O May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	1	11.	AL	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
name Street address	D VERNON, LEONARD 4110 NW 58TH ST: COCONUT CREEK FL 33073	į [, S	NITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	CH2E034 (10/02)
NAME STREET ADDRESS	D Jaferi, ali M 8147 Twin Lakes Dr. Boca Raton Fl 33496	(, s	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Add(lion 6	אָ צ
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N	ITLE TREET ADDRESS TYP-ST-ZIP	د سد خد		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N 5	ITLE AME TREET ADDRESS ITY-ST-ZIP	_		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	; ertify that the information sumplied with		N. Si Ci	ITLE AME TREET ADDRESS ITY-ST-ZIP			Change	Addition	

Interest certify that the information supplied with this filing-toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report of europlemental 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 hame appears in Block 10 or Block 11 if changed, or on an attachment with an addirest, with all other like empowered.



58030747

Internal Revenue Service

Accounts Management Division I Branch II - Teletin Unit Stop 751 PO Box 47421 Chamblee, GA 30362 Phone 678-530-7234/7235 FAX 678-630-6158

Employee Identification: 0716930775

TO:	F KENNETH TOMEK CPA	FAX:	954-341-6161
FROM:	Accounts Management Division I Teletin Unit	Pagos:	1
Company Name	J& VREAL ESTATE CORPORATION INC	Empleyer ID	65-1118241
Company Name		Employer ID #	
Company Name		Estployer ID #	
Company Name		Employer ID #	

This communication is intended for the sole use of the included to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any discerningtion, distribution or sepying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the communication via fax at the number given. Thank you.