

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000101622

1. Entity Name
JAVES ACQUISITIONS, INC.



Principal Place of Business
2051 41 STREET NORTH
ST PETERSBURG, FL 33713

Mailing Address
2051 41 STREET NORTH
ST PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3752370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAMOS, JULIO
2051 41 STREET NORTH
ST PETERSBURG, FL 33713

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMOS, JULIO
STREET ADDRESS	2051 41ST ST N
CITY-ST-ZIP	SAINT PETE, FL 33713
TITLE	D
NAME	RAMOS, VICTOR
STREET ADDRESS	7081 43RD ST N
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D
NAME	RAMOS, ARIEL
STREET ADDRESS	4516 37TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	D
NAME	RAMOS, JOSE
STREET ADDRESS	4400 37TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	D
NAME	RAMOS, HERIBERTO
STREET ADDRESS	3992 29TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

Daytime Phone #

2/22/05 427-433-0788