

# ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

|   |                           |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
|---|---------------------------|--|---|---|---------------------------------|------|----------------|--|----------------|--------------------------|--|-------------|--------------------|--|---|--|--|-------|---------------|--|------|---------------------------|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P02000041941</b><br>1. Entity Name<br><b>JVETTE REPORTING, INC.</b>   |                           |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>4310 SHERIDAN ST STE 202<br/>HOLLYWOOD FL 33021</b>   |                           |  | Mailing Address<br><b>4310 SHERIDAN ST STE 202<br/>HOLLYWOOD FL 33021</b> |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                           |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| City & State  |                           |  | City & State  |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| Zip   |                           | Country  |   | 4. FEI Number <b>30-0072256</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                           |  |   | 6. Name and Address of Current Registered Agent<br><b>BURTON, ANDRE S<br/>4310 SHERIDAN ST STE 202<br/>HOLLYWOOD FL 33021</b>   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____  |                           |  |   | 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                           |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                           |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, JVETTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4310 SHERIDAN ST STE 202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33021</td> <td></td> </tr> </table>  |                           |  | TITLE   | PSD   | <input type="checkbox"/> Delete | NAME | GARCIA, JVETTE |  | STREET ADDRESS | 4310 SHERIDAN ST STE 202 |  | CITY-ST-ZIP | HOLLYWOOD FL 33021 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">U000000536045</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>05/08/06-80074-024 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | U000000536045 | <input type="checkbox"/> Change <input type="checkbox"/> Add | NAME | 05/08/06-80074-024 150.00 |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | PSD                       | <input type="checkbox"/> Delete                              |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| NAME  | GARCIA, JVETTE            |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| STREET ADDRESS  | 4310 SHERIDAN ST STE 202  |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | HOLLYWOOD FL 33021        |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
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| STREET ADDRESS  |                           |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, will call other like empowered. |                           |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> <b>4-24-06</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |  |   |   |                                 |      |                |  |                |                          |  |             |                    |  |   |  |  |       |               |  |      |                           |  |                |  |  |             |  |  |