


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000057722	
1. Entity Name JAVILOP, INC.	

Principal Place of Business 9331 SW 4TH STREET APT B-202 MIAMI, FL 33174-2203	Mailing Address 9331 SW 4TH STREET APT B-202 MIAMI, FL 33174-2203
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02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3685490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, JAVIER 9331 SW 4TH STREET APT B-202 MIAMI, FL 33174-2203

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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000090948 03/17/04-80039-017 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JAVIER 9331 SW 4TH STREET APT B-202 MIAMI, FL 331742203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, ORLANDO R 9331 SW 4TH STREET APT B-202 MIAMI, FL 331742203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ORLANDO N 9331 SW 4TH STREET APT B-202 MIAMI, FL 331742203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, ILUMINADA 9331 SW 4TH STREET APT B-202 MIAMI, FL 331742203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  Javier Lopez	2/17/2004 (305) 992-8937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #