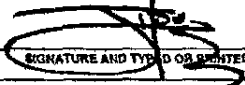


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 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	
DO NOT WRITE IN THIS SPACE			
		02132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3685490	Applied For ☐ Not Applicable
		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
LOPEZ, JAVIER 9331 SW 4TH STREET APT B-202 MIAMI, FL 33174-2203			
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN0000434673 02/25/06-80010-020 158.75	
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, with all other like empowered.			
SIGNATURE: 		Javier Lopez 2/13/06 (305) 992-8937	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	