


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000057722 1. Entity Name JAVILOP, INC.	
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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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04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3685490	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOPEZ, JAVIER
9331 SW 4TH STREET APT B-202
MIAMI, FL 33174-2203**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000694874

04/17/07-80037-010-158-75

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2007

Date

(305) 992-8937

Daytime Phone #