## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2007 08:00 A Secretary of State **DOCUMENT # P02000117751** 1. Entity Name J.V. DESIGNS, INCORPORATED Principal Place of Business Mailing Address 3620 N.W. 118TH AVENUE 3620 N.W. 118TH AVENUE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 01042007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1087934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent VAZQUEZ, JAIME DO NOT WRITE 3620 N.W. 118TH AVENUE CORAL SPRINGS, FL 33065 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 regulated when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIME PD VAZQUEZ, JAIME NAME STREET ADDRESS 3620 N.W. 118TH AVENUE CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME VAZQUEZ, EVELYN STREET ADDRESS 3620 N.W. 118TH AVENUE CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U000000719754 CITY-ST-ZIP 05/01/07-80076-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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:

TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4)16/07

914-755.4838

Daytime Phone #

**FILED**