

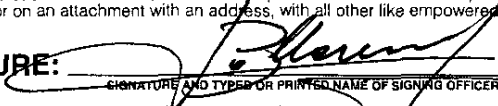


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90215 011 ***150.00

DOCUMENT # P02000120600 1. Entity Name JAVI REMODELING, INC.					
Principal Place of Business 1945 CALAIS DR. 8 MIAMI BEACH, FL 33141			Mailing Address 1945 CALAIS DR. 8 MIAMI BEACH, FL 33141		
2. Principal Place of Business 915 NW 1st AVE Suite, Apt. #, etc. L318		3. Mailing Address 915 NW 1st AVE Suite, Apt. #, etc. L318			
City & State Miami FL		City & State Miami FL		4. FEI Number 55-0806348	
Zip 33136		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORGE BALLARENA 1945 CALAIS DR. #8 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name JORGE BALLARENA Street Address (P.O. Box Number is Not Acceptable) 915 NW 1st AVE Apt. L318 City Miami FL Zip Code 33136	
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALLARCNA, JORGE <input type="checkbox"/> Delete 1945 CALAIS DR. #8 MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALLARENA, JORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 915 NW 1ST AVE L318 MIAMI, FL 33136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 04/20/04 Daytime Phone # _____		