


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90125 002 \*\*\*150.00

<b>DOCUMENT # P03000005606</b> 1. Entity Name <b>J.S.V. MANAGEMENT, INC.</b>			
Principal Place of Business <b>10923 BLACKHAWK STREET PLANTATION, FL 33324</b>		Mailing Address <b>10923 BLACKHAWK STREET PLANTATION, FL 33324</b>	
2. Principal Place of Business <b>2860 W STATE RD. 84</b> Suite, Apt. #, etc. <b>116</b>		3. Mailing Address <b>2860 W. STATE RD. 84</b> Suite, Apt. #, etc. <b>116</b>	
City & State <b>FT. LAUDERDALE FL.</b>		City & State <b>FT. LAUDERDALE FL.</b>	
Zip <b>33312-4804</b> Country <b>U.S.A.</b>		Zip <b>33312-4804</b> Country <b>U.S.A.</b>	
4. FEI Number <b>65-1168113</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01162006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>SANTIAGO, JOSE A 10923 BLACKHAWK STREET PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs SANTIAGO, JOSE A 10923 BLACKHAWK STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, JOSE A 10923 BLACKHAWK STREET PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____		Date <b>1-16-06</b> Daytime Phone # _____	