

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033433

1. Entity Name
JOVI INVESTMENTS, INC.



Principal Place of Business
18851 NE 29TH AVE
STE #900
AVENTURA, FL 33180-2808

Mailing Address
18851 NE 29TH AVE
STE #900
AVENTURA, FL 33180-2808



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0584342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ.
18851 NE 29TH AVE
STE #900
AVENTURA, FL 33180-2808

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GERONIMO A., VICENZO D
STREET ADDRESS	18851 NE 29TH AVE, STE #900
CITY - ST - ZIP	AVENTURA, FL 331802808
TITLE	VD
NAME	DI GERONIMO, ELSA ADELINA B
STREET ADDRESS	18851 NE 29TH AVE, STE #900
CITY - ST - ZIP	AVENTURA, FL 331802808
TITLE	SD
NAME	DI GERONIMO ALVAREZ, VICTOR J
STREET ADDRESS	18851 NE 29TH AVE, STE #900
CITY - ST - ZIP	AVENTURA, FL 331802808
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2005 (786) 279 0000