

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90288 041 ***150.00

DOCUMENT # P03000042702 1. Entity Name JOVIAN TECHNOLOGIES, INC.					
Principal Place of Business 1940 ARTHUR ST HOLLYWOOD, FL 33020			Mailing Address 1940 ARTHUR ST HOLLYWOOD, FL 33020		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
04262004 Chg-P CR2E034 (10/03)				4. FEI Number 56-2345284	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145			7. Name and Address of New Registered Agent Name JULIANA ESPINOSA Street Address (P.O. Box Number is Not Acceptable) 1940 ARTHUR ST City HOLLYWOOD FL Zip Code 33020		
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 <u><i>Julia Espinosa</i></u> DATE <u>4/25/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 ESPINOSA, JULIANA 1940 ARTHUR ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOBST, PAUL 1940 ARTHUR ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Julia Espinosa</i></u> DATE <u>4/25/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					