


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90311 048 ***150.00

DOCUMENT # P03000076421
 1. Entity Name
JMV INTERNATIONAL, CORP.



Principal Place of Business
 8330 NW 58TH STREET
 MIAMI, FL 33166

Mailing Address
 8330 NW 58TH STREET
 MIAMI, FL 33166

00036953



2. Principal Place of Business
7535 N KENDALL DR

3. Mailing Address
7535 N KENDALL DR

Suite, Apt. #, etc.
P 5A

03152005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

4. FEI Number
05-0577799

Applied For
 Not Applicable

Zip
33156

Country
DADE

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

6. Name and Address of Current Registered Agent

PAIS, JESUS RENE
6170 NW 173RD STREET APT 433
MIAMI, FL 33015

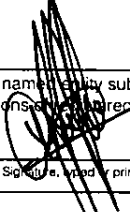
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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, the registered agent.

SIGNATURE:  DATE: **3/22/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

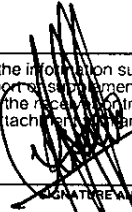
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PAIS, JESUS RENE	6170 NW 173RD STREET APT 433	MIAMI, FL 33015	<input type="checkbox"/>
ST	PAIS, MARIANGELA	6170 NW 173RD STREET APT 433	MIAMI, FL 33015	<input type="checkbox"/>
S	LARA, PETER	5722 S. FLAMINGO RD., #244	COOPER CITY, FL 33330	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 and 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 registered 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 all other like empowered.

SIGNATURE:  DATE: **3/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR