


FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90114 024 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000089998			
1. Entity Name JV MASTER SERVICE, INC.			
Principal Place of Business 4374 NW 115 CT MIAMI, FL 33178		Mailing Address 4374 NW 115 CT MIAMI, FL 33178	
2. Principal Place of Business 8061 N.W. 114 PL		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State	
Zip 33178	Country US	Zip	Country
4. FEI Number 20-0156931		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANADOS, JESUS A 4374 NW 115 CT MIAMI, FL 33178		7. Name and Address of New Registered Agent Name GRANADOS JESUS A. Street Address (P.O. Box Number is Not Acceptable) 8061 N.W. 114 PL City DORAL FL Zip Code 33178	
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 JESUS A. GRANADOS (NOTE: Registered Agent signature required when reinstating) DATE 03/14/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P GRANADOS, JESUS A 4374 NW 115 CT MIAMI, FL 33178 <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	V SARMIENTO, VICTOR 4374 NW 115 CT MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.