


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90760 006 \*\*\*150.00

<b>DOCUMENT # P03000156011</b>	
1. Entity Name <b>JAVIER TOVAR CORP.</b>	

Principal Place of Business <b>2114 CATHERINE ST. KISSIMMEE, FL 34741 US</b>	Mailing Address <b>2114 CATHERINE ST. KISSIMMEE, FL 34741 US</b>
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2. Principal Place of Business <b>705 CATHERINE ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>705 CATHERINE ST</b> Suite, Apt. #, etc.
City & State <b>KISSIMMEE FL</b>	City & State <b>KISSIMMEE FL</b>
Zip <b>34741</b> Country	Zip <b>34741</b> Country

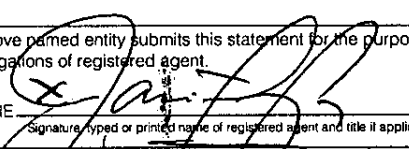
04302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0526155</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TOVAR, JAVIER Y 2114 CATHERINE ST. KISSIMMEE, FL 34741</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>705 CATHERINE ST.</b> City <b>KISSIMMEE FL</b> Zip Code <b>34741</b>	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TOVAR, JAVIER Y 2114 CATHERINE ST. KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RAMIREZ, TATIANA 2114 CATHERINE ST. KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>705 CATHERINE ST KISSIMMEE FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>705 CATHERINE ST KISSIMMEE FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date **4/30/04** Debye Phone # **(407) 518-6305**