2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 04, 2007 08:00 All Secretary of State DOCUMENT # P04000031548 J L V CONSTRUCTION SERVICES CORP Principal Place of Business Mailing Address 934 PASEO ANDORRA STREET 934 PASEO ANDORRA STREET WEST PALM BEACH, FL 33405 US WEST PALM BEACH, FL 33405 US CR2E034 (11/05) 03262007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0742019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEGA, JOSE L DO NOT WRITE 934 PASSEO ANDORRA STREET WEST PALM BEACH, FL 33405 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 late if applicable (NOTE: Registored Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees - U00000609436 04/11/07-80035-002 158.75 10. OFFICERS AND DIRECTORS P/D TITLE NAME VEGA, JOSE L SR. STREET ADORESS 934 PASEO ANDORRA STREET CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE VP/D NAME VEGA, JOSE L JR STREET ADDRESS 934 PASEO ANDORRA STREET CITY-ST-ZIP WEST PALM BEACH, FL 33405 TR/D TITLE NAME VEGA, ANUAR STREET ADDRESS 934 PASEO ANDORRA STREET DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE IN THIS SPACE MANEF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, 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.

with all other like empowered.

PRINTED NAME OF BIGHONG OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPED