

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 NOV 29 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000096931

1. Entity Name
JEVITS INC.



Principal Place of Business
10960 N W 48 TERR
DORAL, FL 33178

Mailing Address
10960 N W 48 TERR
DORAL, FL 33178

2. Principal Place of Business

11402 NW 41 ST. #210

3. Mailing Address

10773 NW 58 STREET

Suite, Apt. #, etc.

Suite (210)

Suite, Apt. #, etc.

PMB #181

08222006

Chg-P

CR2E034 (11/05)

06

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

75-3165045

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLAR, ARTURO
10960 N W 48 TERR
DORAL, FL 33178

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME VILLAR, ARTURO ☐ Delete
STREET ADDRESS 10960 N W 48 TERR
CITY-ST-ZIP DORAL, FL 33178

TITLE T
NAME ALMEIDA, MARYLIN ☒ Delete
STREET ADDRESS % 10960 N W 48 TERR
CITY-ST-ZIP DORAL, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000091579500
STREET ADDRESS 11/07/06--01023--002 **958.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: X

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9/30/06 (305) 472-9505