## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2005 8:00 am Secretary of State DOCUMENT # P04000134307 Entity Name 05-05-2005 90087 025 \*\*\*158.75 JAV CONSTRUCTION, INC. Principal Place of Business Mailing Address 4900 NORTH MACDELL APT A-24 4900 NORTH MACDUL APT A-24 TAMPA, FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address 3231 NW 18th Ave. 3231 NW 18th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) Chg-P n/a ۱ / a City & State City & State 4. FEI Number Applied For MIAMI, FLORIDA MIAMI, FLORIDA 20-1661941 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33142 USA 33142 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENTURA, JOSE VENTURA: JOSE Street Address (P.O. Box Number is Not Acceptable) 4900 NORTH MACDILL APT A-24 <u>3231 NW 18th Avenue</u> TAMPA, FL 33614 , '-- · City Zip Code 33142 MIAMI 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 - X Squature, typed or present and represent agent and title 4 applicable. 04/26/2005 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE TITLE Change Addition XX Delete VENTURA, JOSE 3231 NW 18th Avenue NAME VENTURA, JOSE NAME STREET ADDRESS 4900 NORTH MACDILL APT A-24 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-7IP <u>Miami, Florida 33142</u> TITLE VP Change Addition THE X Delete VENTURA, JOSE R. NAME VENTURA, JOSE R NAME STREET ADDRESS 3231 NW 18th Avenue 4900 NORTH MACDILL APT A-24 STREET ADDRESS CTTY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP <u>Miami, Florida 33142</u> Defete ☐ Change ☐ Addition TITLE NAME MASO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TUTE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-7/P CTTY-ST-ZIP TITLE D Oelete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZP CITY-ST-ZIP Delete TITLE MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 engrowered.

Pre<u>si</u>dent

SIGNATURE AND TYPED OR PERITED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2005

<u>(305) 636-985</u>

**FILED**