

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171996

Entity Name: JOVI CORP.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

2100 SALZEDO STREET STE 300  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2655 LE JEUNE ROAD  
SUITE 810  
CORAL GABLES, FL 33134

## Current Mailing Address:

2100 SALZEDO STREET STE 300  
CORAL GABLES, FL 33134

## New Mailing Address:

2655 LE JEUNE ROAD  
SUITE 810  
CORAL GABLES, FL 33134

FEI Number: 41-2165208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA P.A.  
2100 SALZEDO STREET STE 300  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: ZABACO, ALEJANDRO T  
Address: CALLE CAVALLERS, NUMERO 24  
City-St-Zip: BARCELONA, SPAIN,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: TEJEDO, ALEJANDRO MR  
Address: CALLE CAVALLERS, NUMERO 24  
City-St-Zip: BARCELONA (SPAIN), XX XXXXX SP

Title: VP ( ) Change (X) Addition  
Name: LIMON, AGUSTIN M MR  
Address: 3630 SW 21ST ST  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGUSTIN M LIMON

VP

04/04/2005

Electronic Signature of Signing Officer or Director

Date