2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am DOCUMENT # P05000023139 Secretary of State JV DEVELOPMENT GROUP, INC. 05-03-2006 90235 026 ***150.00 Principal Place of Business Mailing Address 2419 E COMMERCIAL BLVD STE 100 2419 E COMMERCIAL BLVD STE 100 40000401 FORT LAUDER4DALE, FL 33308 FORT LAUDER4DALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) Chq-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. -Name BLODIG, GREGORY J ESQ Street Address (P.O. Box Number is Not Acceptable) GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS & 100 W CYPRESS CREEK ROAD STE 700 FORT LAUDERDALE, FL 33309 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE n ☐ Delete TITLE Change ■ Addition VERRILLO, JAMES NAME NAME 2419 E COMMERCIAL BLVD STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDER4DALE, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP

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 it

changed, or on an attachment with

SIGNATURE:

FILED

954-630-9449