
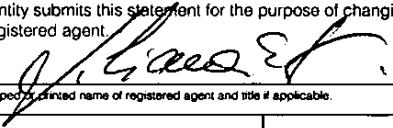
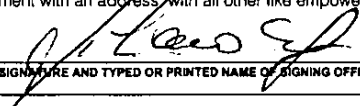


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90393 031 \*\*\*150.00

<b>DOCUMENT # P05000068515</b> 1. Entity Name <b>JCV WORLD, INC.</b>			
Principal Place of Business <b>5700 COLLINS AVE, Box 3</b> <b>MIAMI BEACH, FL 33140</b>		Mailing Address <b>5700 COLLINS AVE</b> <b>MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business <b>SAME AS ABOVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME AS ABOVE</b> Suite, Apt. #, etc.	
City & State <b>MIAMI BEACH, FL</b> Zip <b>33140</b>		City & State <b>MIAMI BEACH, FL</b> Zip <b>33140</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>01-0834979</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ-RIVERA, LILIANA E</b> <b>3300 NE 192 STREET</b> <b>APT 1407</b> <b>AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent Name <b>LILIANA E. DIAZ RIVERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Old Chief Concert H.B. #3</b> <b>5700 COLLINS AVENUE</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33140</b>	
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 		DATE <b>03-17-06</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>DIAZ-RIVERA, LILIANA E</b> <input checked="" type="checkbox"/> Delete <b>3300 NE 192 STREET - APT 1407</b> <b>AVENTURA, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIAZ-RIVERA, LILIANA E.</b> <b>5700 COLLINS AVENUE M.B. #3</b> <b>MIAMI BEACH, FL 33140</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE <b>03-17-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	