
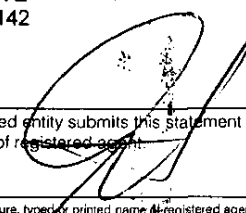
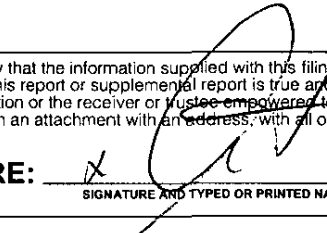


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90016 046 ***158.00

DOCUMENT # P05000101655					
1. Entity Name JOVA BODY WORKS INC.					
Principal Place of Business 2648 NW 22 AVE MIAMI, FL 33142			Mailing Address 2648 NW 22 AVE MIAMI, FL 33142		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3176467	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOVA, ERNESTO 2648 NW 22 AVE MIAMI, FL 33142				7. Name and Address of New Registered Agent Name: JOVA, ERNESTO Street Address (P.O. Box Number is Not Acceptable): 2649 NW 23 STREET City: Miami FL Zip Code: 33142	
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: 01/20/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME JOVA, ERNESTO	<input type="checkbox"/> Delete	TITLE PD	NAME JOVA, ERNESTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2648 NW 22 AVE	CITY-ST-ZIP MIAMI, FL 33142		STREET ADDRESS 2649 NW 23 STREET	CITY-ST-ZIP MIAMI, FL 33142	
TITLE VD	NAME LINARES, DINORA	<input type="checkbox"/> Delete	TITLE VD	NAME LINARES, DINORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2648 NW 22 AVE	CITY-ST-ZIP MIAMI, FL 33142		STREET ADDRESS 2649 NW 23 STREET	CITY-ST-ZIP MIAMI, FL 33142	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: 			01/20/2006 305-638-2460		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		