

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90198 018 \*\*\*158.75

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04092007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000002231			
1. Entity Name JUVAT, INC.			
Principal Place of Business 5600 COLLINS AVE. APT. #12P MIAMI BEACH, FL 33140		Mailing Address 5600 COLLINS AVE. APT. #12P MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box # 5970 Indian Creek Dr. Suite, Apt. #, etc. PH-2		3. Mailing Address 5970 Indian Creek Dr. Suite, Apt. #, etc. PH-2	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country USA	Zip 33140	Country USA
6. Name and Address of Current Registered Agent		4. FEI Number 20-3999857	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
GALLEGO, KENT 5600 COLLINS AVE. <i>See Section 2</i> APT. #12P MIAMI BEACH, FL 33140		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D GALLEGO, KENT 5600 COLLINS AVE. APT. #12P MIAMI BEACH, FL 33140 <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	D Kent Gallego 5970 Indian Creek Dr. PH-2 Miami Beach, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 4/11/07 86-683-4104	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	