FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90203 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000010816

1. Entity Name
JV COURIER INC

4007001 0

04172007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3811 SW 160 AVE. 202 MIRAMAR, FL 33027	3811 SW 160 AVE. 202 MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4350 N.W. 79 AVE	SAME
Suite, Apt. #, etc. 2A	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33166 Country USA	Zip Country

4. FEI Number 20-4914894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMPU-A-TAX 6555 STIRLING RD DAVIE, FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: JARAMILLO, JUAN C STREET ADDRESS: 3811 SW 160 AVE. # 202 CITY-ST-ZIP: MIRAMAR, FL 33027	☑ Delete	TITLE: P NAME: Jaramillo, Juan C STREET ADDRESS: 4350 N.W. 79 Ave STE 2A CITY-ST-ZIP: Miami, FL 33166	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #