

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051372

FILED
Apr 28, 2009
Secretary of State

Entity Name: J.V. INTERNATIONAL, INC.

Current Principal Place of Business:

5745 NW 84TH AVE
DORAL, FL 33166

New Principal Place of Business:

4805 NW 79 AVE
SUITE 1
MIAMI, FL 33166

Current Mailing Address:

9010 SW 137 AVE
SUITE 113
MIAMI, FL 33186

New Mailing Address:

4805 NW 79 AVE
SUITE 1
MIAMI, FL 33166

FEI Number: 20-4814147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS, MARIO ESQ
80 SW 8TH STREET STE 3330
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: VILLAGOMEZ, CRISTHIAN
Address: 3633 NW 9 ST APT 16
City-St-Zip: MIAMI, FL 33125

Title: VT () Delete
Name: OJEDA, INES O
Address: 3633 NW 9 ST APT 16
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTHIAN VILLAGOMEZ

VPS

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date