

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000006373

1. Entity Name
J.V.A. SERVICES, INC.



Principal Place of Business
**P.O. BOX 546035
SURFSIDE, FL 33154 US**

Mailing Address
**P.O. BOX 546035
SURFSIDE, FL 33154 US**

DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0384404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERGER, DAVID S
1110 N.E. 163RD STREET
SUITE G
N MIAMI BEACH, FL 33126**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ASSAYAG, VITORIA
9511 COLLINS AVE #1502
MIAMI BEACH, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ASSAYAG, JOSE
9511 COLLINS AVE #1502
MIAMI BEACH, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000247538
03/01/05-80029-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER, OFFICER OR DIRECTOR

2/26/05 (305)866 8788

Date

Daytime Phone #