


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P95000083338	
1. Entity Name JOVILLA CORPORATION	

Principal Place of Business 7423 S.W. 24TH STREET MIAMI, FL 33155	Mailing Address 7423 S.W. 24TH STREET MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0616927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLARREAL, JORGE
11860 SW 43RD STREET
MIAMI, FL 33175

**DO NOT WRITE
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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLARREAL, JORGE 11860 S.W. 43RD ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLARREAL, IVONNE 3825 S.W. 128TH AVE. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/16/07-80013-015 150.00

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: Ivonne Villarreal Ivonne Villarreal 4-3-07 (305)261-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #