

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90009 015 \*\*\*158.75

<b>DOCUMENT # P96000066984</b>					
<b>1. Entity Name:</b> J.R.S.V, INC.					
<b>Principal Place of Business</b> 3211 N.W. 94TH TERRACE FT. LAUDERDALE, FL 33351			<b>Mailing Address</b> <del>PO BOX 490113</del> FT. LAUDERDALE, FL 33349 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 8311 SANDS POINTE BLVD Suite, Apt. #, etc. APT 202 TAMARAC City & State FL Zip 33321		<b>3. Mailing Address</b> JRSV INC Suite, Apt. #, etc. PO BOX 5507 City & State FT LAUDERDALE Zip 33310		<b>Country</b> USA	
<b>4. FEI Number</b> 65-0697680			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <del>ST VALLIERE, JEAN</del>  <del>3211 N.W. 94TH TERRACE</del>  <del>FT. LAUDERDALE, FL 33351</del> </div> <div style="width: 50%;">           STVALLIERE JEAN            1427 SW BELGRAVE TERR            STUART FL 34997         </div> </div>					
<b>7. Name and Address of New Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name: <del>ST VALLIERE, JEAN</del>            Street Address (P.O. Box Number is Not Acceptable):            City: <del>FT. LAUDERDALE</del> FL Zip Code: <del>33351</del> </div> <div style="width: 50%;">           Name: <del>ST VALLIERE, JEAN</del>            Street Address (P.O. Box Number is Not Acceptable):            City: <del>FT. LAUDERDALE</del> FL Zip Code: <del>33351</del> </div> </div>					
<b>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.</b> SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST VALLIERE, JEAN R 3211 N.W. 94TH TERRACE FT. LAUDERDALE, FL 33351 1427 SW BELGRAVE TERR STUART FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 4/18/08 Daytime Phone #					