

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90005 003 ***163.75

40078774



04102007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3398939 Applied For
Not Applicable

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

DOCUMENT # P96000074681

1. Entity Name
JIV INC.



Principal Place of Business Mailing Address
3105 W WATERS AVE 3105 W WATERS AVE
SUITE 315 SUITE 315
TAMPA, FL 33614 TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
ONE TAMPA CITY CENTER ONE TAMPA CITY CENTER

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 2505 SUITE 2505

City & State City & State

TAMPA FL TAMPA FL

Zip Country Zip Country

33602 U.S. 33602 U.S.

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LALWANI, JIWAT
3105 W WATERS AVENUE
SUITE 315
TAMPA, FL 33614

Name
LALWANI, JIWAT
Street Address (P.O. Box Number is Not Acceptable)
ONE TAMPA CITY CENTER
SUITE 2505
City
TAMPA FL FL Zip Code
33602

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] Amel A. Panwari 04-19-07
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LALWANI, JIWAT S 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LALWANI, JIWAT ONE TAMPA CITY CENTER SUITE 2505 TAMPA FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] J.S. LALWANI 4/19/07 813-817-0874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #