


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 035 ***158.75

DOCUMENT # P97000020308

1. Entity Name
J.L.V. INVESTMENTS, INC.



Principal Place of Business
3875 NW 135 STREET
OPA LOCKA, FL 33054

Mailing Address
3875 NW 135 STREET
OPA LOCKA, FL 33054

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



04022007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0832192

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VICHOT, JUAN C
8840 NW 153 TERRACE
MIAMI, FL 33018

7. Name and Address of New Registered Agent

Name **SJA**

Street Address (P.O. Box Number is Not Acceptable)
3651 S.W. 139 AVENUE

City **MIRAMAR** FL Zip Code **33027**

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	P	<input type="checkbox"/> Delete
NAME	VICHOT, JUAN C	
STREET ADDRESS	8840 NW 153RD TERR	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE	S	<input type="checkbox"/> Delete
NAME	VICHOT, LOURDES S	
STREET ADDRESS	8840 NW 153 TERR	
CITY-ST-ZIP	MIAMI, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Address
STREET ADDRESS	3651 S.W. 139 Ave	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Address
STREET ADDRESS	3651 S.W. 139 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lourdes S. Vichot* - Lourdes S. Vichot 4/2/07 525-4335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #