

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021596

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: JOVINS FLA. ENTERPRISES, INC.

## Current Principal Place of Business:

369 S. COUNTRY RD  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

369 S. COUNTRY RD  
PALM BEACH, FL 33480

## New Mailing Address:

FEI Number: 65-0817720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZALINO, JOSEPH F  
369 S. COUNTRY RD  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AZAZINO, JOSEPH F  
Address: 9055 LONG LAKE PALM DR  
City-St-Zip: BOCA RATON, FL 33496

Title: VS ( ) Delete  
Name: VIGLIOTTI, VINCENT  
Address: 5525 N MILITARY TR #1304  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F AZALINO

P

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date