

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90026 035 ***150.00

DOCUMENT # P98000031323

1. Entity Name
JAVIAN CORPORATION



Principal Place of Business
3440 HOLLYWOOD BLVD #360
HOLLYWOOD, FL 33021

Mailing Address
3440 HOLLYWOOD BLVD #360
HOLLYWOOD, FL 33021

54023394



2. Principal Place of Business
18851 NE 29th AV
Suite, Apt. #, etc.
900

3. Mailing Address
18851 NE 29th AV
Suite, Apt. #, etc.
900

01152004 Chg-P CR2E034 (10/03)

City & State
AVENTURA FLORIDA
Zip
33180 Country
USA

City & State
AVENTURA FLORIDA
Zip
33180 Country
USA

4. FEI Number
65-0839387 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
3440 HOLLYWOOD BLVD, SUITE 360
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
LEONARDO A. ROTH
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AV STE 900
City
AVENTURA FL Zip Code
33180

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 typed or printed name of registered agent and title if applicable.

LEONARDO A ROTH

3/25/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DPVT FERRACIOLI, GUIDO RIO NEGRO 226, C.P. 8300 NEUQUEN ARGENTINA, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRACIOLI, GUIDO RIO NEGRO 226, C.P. 8300 NEUQUEN ARGENTINA, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

GUIDO FERRACIOLI, A

3/25/04

786-279-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #