2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000013198

1. Entity Name

J.R.V. CONSULTING, INC.



FILED Feb 19, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

13051 SW 16 COURT DAVIE, FL 33325 13051 SW 16 COURT DAVIE, FL 33325



02152007

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0903491

Applied For Not Applicable

5. Certificate of Status Desired

 \checkmark

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, VALENTINA 13051 SW 16 COURT DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

			Strain Strain Strain Strain Strain	eralis (i. section in the line of the contraction o
	named entity submits this statement for the plons of registered agent.	urpose of changing its registe	ered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE		4.075 P		DATE
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Hugiste	red Agent signature required when reinstating)	UATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		
10.	OFFICERS AND DIREC	CTORS	The state of the s	
TITLE	D			
NAME	VARGAS, VALENTINA			
STREET ADDRESS	13051 SW 16 COURT			
CITY-ST-ZIP	DAVIE, FL 33325			Commononia de la commononi
TITLE NAME	D VARGAS, JOHN			/02/28/07-800\$3-013 158.75
STREET ADDRESS	13051 SW 16 COURT		The set beautiful the set of the	align the first of the control of the
CITY-ST-ZIP	DAVIE, FL 33325			
TrILE				
NAME				was the sure of a sure of the
STREET ADDRESS			l no	NOT WRITE
CITY-ST-ZIP			<u> </u>	
TITLE NAME				THIS SPACE
STREET ADDRESS			A Same to say the Same of the same	A STATE OF THE STA
CITY-ST-ZIP				
TITLE				Bot of the state of the fitting party were
NAME				
STREET ADDRESS			name and the state of	the married possession of the contribution of
CITY-ST-ZIP				
TITLE			the compression of the second	para jangga tegan pangga sa dari palawil
NAME				
STREET ADDRESS			三量 はなし 急継 だんさん どばしだたし	and a Market that a floring the second of the

12. I hereby certify that the information supplied with this filling 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:

Yalenkaa Yangas Vierdent Signature and typed on printed hyde of signing officer or director

VALENTINA VANGES 4,5/07 609