

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90168 002 \*\*\*150.00

**DOCUMENT #** P99000016870

**1. Entity Name**

JOVA BUSINESS, INC.



**Principal Place of Business**

**Mailing Address**

2170 WEST 10TH. COURT  
HIALEAH, FLORIDA 33010

2170 WEST 10TH. COURT  
HIALEAH, FLORIDA 33010

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number** 65-0912471

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

JOVA, LAZARO DE JESUS  
2170 WEST 10TH. COURT  
HIALEAH, FLORIDA 33010

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**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** PRESIDENT & DIRECTOR ☐ Delete  
**NAME** JOVA, LAZARO DE JESUS  
**STREET ADDRESS** 17642 NW 87TH. PLACE  
**CITY-ST-ZIP** MIAMI, FLORIDA 33018

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** VSTD ☐ Delete  
**NAME** JOVA, ALINA C.  
**STREET ADDRESS** 17642 NW 87TH. PLACE  
**CITY-ST-ZIP** MIAMI, FLORIDA 33018

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

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**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

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**NAME** ☐ Change ☐ Addition  
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**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ 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:** JOVA ALINA C. JOVA, VICE-PRESIDENT

APRIL 27/2004

(786) 290-0878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #