


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 035 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000069353
 1. Entity Name
JOVILU INC.



Principal Place of Business
 2600 DOUGLAS RD
 PH 6
 CORAL GABLES, FL 33134

Mailing Address
 2600 DOUGLAS RD
 PH 6
 CORAL GABLES, FL 33134

11033766

2. Principal Place of Business
 2121 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 330

3. Mailing Address
 2121 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 330



CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip
33134

Country
USA

4. FEI Number
65-0948020

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ORTIZ, MICHAEL
2600 DOUGLAS RD
PH 6
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Michael Ortiz

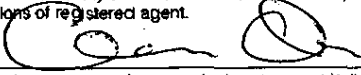
Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

Ste. 330

City
Coral Gables

FL Zip Code
33134

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  DATE **4/30/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

FILE NOW!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$660.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAR, JOSE R 7060 SW 156TH COURT MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VILLER, LOURDES C 7060 SW 156TH COURT MIAMI, FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, MICHAEL 2600 DOUGLAS RD, PH 6 CORAL GABLES, FL 33134	<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	VP Michael Ortiz 2121 Ponce de Leon Blvd, Ste 330 Coral Gables, FL 33134	<input checked="" 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:  **Michael Ortiz** **4/30/03** **3054705270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)