


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000095066**

1. Entity Name  
**JAVIER'S SPRINKLERS, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

**9120 FOUNTAINEBLEAU BLVD.** **9120 FOUNTAINEBLEAU BLVD.**  
**APT 109** **APT 109**  
**MIAMI, FL 33172** **MIAMI, FL 33172**



01162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0958372** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**AGUAYO, JAVIER**  
**9120 FOUNTAINEBLEAU BLVD.**  
**APT 109**  
**MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGUAYO, JAVIER
STREET ADDRESS	9120 FOUNTAINEBLEAU BLVD. APT 109
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	STD
NAME	AGUAYO, GENARA
STREET ADDRESS	9120 FOUNTAINEBLEAU BLVD. APT 109
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	D
NAME	AGUAYO, LUIS
STREET ADDRESS	9120 FOUNTAINEBLEAU BLVD. APT 109
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/25/05-80018-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JAVIER AGUAYO** **1.15.05** **9862186468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year