


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

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| DOCUMENT # P99000095066 1. Entity Name JAVIER'S SPRINKLERS, INC. |  |
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| Principal Place of Business 9120 FOUNTAINEBLEAU BLVD. APT 109 MIAMI, FL 33172 | Mailing Address 9120 FOUNTAINEBLEAU BLVD. APT 109 MIAMI, FL 33172 |
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01162005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0958372 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AGUAYO, JAVIER 9120 FOUNTAINEBLEAU BLVD. APT 109 MIAMI, FL 33172 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD AGUAYO, JAVIER 9120 FOUNTAINEBLEAU BLVD. APT 109 MIAMI, FL 33172 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD AGUAYO, GENARA 9120 FOUNTAINEBLEAU BLVD. APT 109 MIAMI, FL 33172 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D AGUAYO, LUIS 9120 FOUNTAINEBLEAU BLVD. APT 109 MIAMI, FL 33172 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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.

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|--|----------------------|------------------------------------|
| SIGNATURE:  JAVIER AGUAYO | Date: 1.15.05 | Daytime Phone #: 9862186468 |
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