2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S80496 1. Enlity Name J.V.C. ACCOUNTING, INC.						FILED 05 MAY -5 PM 2: 30				
						U	5 MAY -5	PM 2	30	
Principal Place of Business Mailing Address				L , , , , , , , , , , , , , , , , , , ,	\dashv	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
10028 SW 16 PEMBROKE P	STH STREET INES, FL 33025	10028 SW 16TH STREE PEMBROKE PINES, FL	0028 SW 16TH STREET Embroke Pines, FL 33025			IA	LLAHASS	EE, FĽĆ	RIDA	
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· - · · · · · · · · · · · · · · · · · · 		05032005 Chg-P	CR2E034	4 (10/03)			
City & State	9	City & State			4. FEI Number Applied For 65-0285913 Not Applica					
Zip Country		Zip	Zip Count		5. Certificate of Status Desired		_ £ \$8.75 Additional			
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New	Registered Ag	ent		
CAMPBELL-CORREA, JEANNETTE										
10028 SW 16TH STREET PEMBROKE PINES, FL 33025				Street Address (P.O. Box Number is Not Acceptable) 500054281586						
				05/11/0501042012 **158.75						
				City			FL	Zip Code		
	named entity submits this statement for ons of registered agent.	or the purpose of changing its	register	ed office or re	gister	ed agent, or both, in the State of	Florida. I am fa	miliar with, a	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature r	equired	when reinstating)	DATE			
FII	LE NOW!!! FEE IS \$550.00	9. Election Campa	ign Finar		\$5.	00 May Be	_			
D:	ue by September 7, 2005	Trust Fund Cont	tribution.		Add	ed to Fees				
10.	OFFICERS AND DIRECTORS 1 PTSD Delete 7				P/1	ADDITIONS/CHANGES TO O		DIRECTORS Change	S IN 11	
TITLE NAME	CAMPBELL-CORREA, JEANNE	. —	TITLE NAME			pbell-Correa,	_		Augunon	
STREET ADDRESS CITY-ST-ZIP	10028 SW 16 ST. PEMBROKE PINES, FL 33025		STREI CITY-		00	28 S.W. 16th S	treet			
TITLE		☐ Delete	TITLE		VP,	nbroke Pines <u>, </u> T		☐ Change	X Addition	
NAME STREET ADDRESS			NAM STRI	CCT ADDRECC		rea, Daniel W				
CITY+ST-ZIP				/_ST_7IP)28 SW 16th St. nbroke Pines, :		25		
TITLE NAME		☐ Delete	TITU	.E				☐ Change	Addition	
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP		☐ Delete	TITL	Y-ST-ZIP .E				☐ Change	Addition	
NAME			NAM					-		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
TITLE		Delete	TITL	į.			0 1	☐ Change	Addition	
NAME STREET ADDRESS			NAM STR	AE LEET ADDRESS		2	47519	ร์		
CITY+ST-ZIP			CITY	Y-ST-ZIP			7 - 1			
TITLE NAME		☐ Delete	JTIT AAN					☐ Change	☐ Addition	
STREET ADDRESS			STR	REET ADDRESS						
12. L hereby	certify that the information supplied wi	th this filing does not qualify to	or the eve	Y-ST-ZIP emption stated	in S	ection 119.07/3)(i). Florida Statuta	s. I further certi	fy that the in	nformation	
indicated of the co	of the mornature supplied with a control of the mornature supplied with a control of the receiver or trustee emits, or on an attachment with an address	is true and accurate and that powered to execute this repor	my signa	ature shall hav	e the	same legal effect as if made und 7, Florida Statutes; and that my n	er oath; that I a ame appears in	m an officer Block 10 or	or director r Block 11 if	
	SHIMM	, www.eir.ourer like empowered		Mess		Stock	924	42/-	750	
SIGNAT	URE SIGNATURE AND TYPED OF	PRIMED NAME OF SIGNING OFFICES	POR DIREC	TOR		Oste	/3/~	ytime Phone #	1046	
	/ 40/									