



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90128 025 \*\*\*150.00

<b>DOCUMENT # V06315</b> 1. Entity Name <b>JFV ENTERPRISES INC</b>					
Principal Place of Business <b>1696 OLD OKEECHOBEE RD 2E WEST PALM BEACH, FL 33409 US</b>			Mailing Address <b>900 E. ATLANTIC BLVD #17 POMPANO BEACH, FL 33060 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>7041 W. Commercial Blvd Ste 6A City &amp; State FL Zip 33314 Country USA</b>			
4. FEI Number <b>65-0326082</b>		Chg-P <b>CR2E034 (10/03)</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>VITONE, JAMES 900 E. ATLANTIC BLVD. #17 POMPANO BEACH, FL 33060</b>			
7. Name and Address of New Registered Agent Name <b>James Vitone</b> Street Address (P.O. Box Number is Not Acceptable) <b>7041 W. Commercial Blvd Ste 6A City Fort Lauderdale FL Zip 33314</b>		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 <b>James Vitone</b> DATE <b>4/28/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD VITONE, JAMES 300 SW 12 AVE BAY #7 POMPANO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12168 148 Rd. N West Palm Bch, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP VITONE, JAMES 300 SW 12 AVE BAY #7 POMPANO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12168 148 Rd. N West Palm Bch, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORSELL, LYNN 300 SW 12TH AVE. BAY, #7 POMPANO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12168 148 Rd. N West Palm Bch, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	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: <b>James Vitone</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>9-1-77-3757</b> Daytime Phone #	