

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 006 ****50.00

DOCUMENT # L04000048560			
1. Entity Name MARVI INTERNATIONAL LLC			
Principal Place of Business 11183 SOUTH ORANGE BLOSSOM TR ORLANDO, FL 32837		Mailing Address 8767 SOUTHERN BREEZE DR ORLANDO, FL 32836	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address to THE BYWATON COMPANY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 105 E ROBINSON ST, #540	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
32801	USA	32801	USA
4. FEI Number 14-1910643		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QURESHI, TAHIRA 8767 SOUTHERN BREEZE DR ORLANDO, FL 32836		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QURESHI, TAHIRA 8767 SOUTHERN BREEZE DR ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT IMTIAZ QURESHI 8767 SOUTHERN BREEZE DR Orlando FL-32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (Same)
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
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
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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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date	Daytime Phone #
		03/28/07	321-231-4118