


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L39524
 1. Entity Name
RAVELLI, INC.



Principal Place of Business Mailing Address
4970 SW 72ND AVE **828 VALENCIA AVE.**
MIAMI, FL 33155 **CORAL GABLES, FL 33134**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0170262 Not Applicable

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

6. Name and Address of Current Registered Agent
GIBELLINI, FLORIANA
828 VALENCIA AVE
CORAL GABLES, FL 33134

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 *F. P. Gibellini* DATE 4-27-04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GIBELLINI, AUDREY
STREET ADDRESS	1280 S. ALHAMBRA CR. #2306
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DP
NAME	GIBELLINI, FLORIANA
STREET ADDRESS	828 VALENCIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	GIBELLINI, UMBERTO
STREET ADDRESS	828 VALENCIA AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/03/04-80141-008 150.00

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 supplement to 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: *F. P. Gibellini* Date 4/27/04 Daytime Phone # 305 448 2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #