2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39524

Entity Name: RAVELLI, INC.

616 VALENCIA, #102

CORAL GABLES, FL 33134

Address: City-St-Zip: FILED Jan 19, 2009 Secretary of State

Littly Na	IIIC. KAVELLI	, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4970 SOUTHWEST 72 AVENUE					
SUITE 104 MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	THWEST 72 AVENUE		6800 SW 40 ST, # 169		
SUITE 104 MIAMI, FL			MIAMI, FL 33155 US		
FEI Number	: 65-0170262	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 102 CORAL G. The above	ABLES, FL 33	134 US	purpose of changing its registered o	office or registered agent, or both,	
SIGNATUI					
	Electror	nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST (GIBELLINI, CR 330 ROMANO CORAL GABLE	STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DP () GIBELLINI, FLO 616 VALENCIA CORAL GABLE	, # 102	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D () GIBELLINI, UM) Delete BERTO	Title: (Name:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FLORIANA GIBELLINI DP 01/19/2009