

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90030 007 ***158.75

DOCUMENT # P02000067440

1. Entity Name

PEVAZI, INC.



Principal Place of Business

C/O CHARLES RYAN HICKMAN
777 S. FLAGLER DR., STE. 800, WEST T
WEST PALM BEACH FL 33401
US

Mailing Address

C/O CHARLES RYAN HICKMAN
240 10TH STREET
WEST PALM BEACH FL 33401
US

24011394



MOORE CR2E034 (11/03)

2. Principal Place of Business

580 VILLAGE BLVD

3. Mailing Address

580 VILLAGE BLVD

Suite, Apt. #, etc.

SUITE 260

Suite, Apt. #, etc.

SUITE 260

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

04-3686630

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

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

6. Name and Address of Current Registered Agent

HICKMAN, CHARLES R
240 10TH STREET
WEST PALM BEACH FL 33401

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

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 \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZINDEL MUNDET CORS, ARTURO M	
STREET ADDRESS	240 10TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZINDEL MUNDET CORS, JORGE A	
STREET ADDRESS	240 10TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VARGAS HERNANDEZ, GUILLERMO P	
STREET ADDRESS	240 10TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINDEL MUNDET CORS, ARTURO M	
STREET ADDRESS	580 VILLAGE BLVD, SUITE 260	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINDEL MUNDET CORS, JORGE A	
STREET ADDRESS	580 VILLAGE BLVD, SUITE 260	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ-VARGAS HERNANDEZ, GUILLERMO	
STREET ADDRESS	580 VILLAGE BLVD, SUITE 260	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Arturo M. Zindel Mundet Cors 02/05/04 (561) 242-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #