

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 20 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062079

1. Entity Name
ENVIJA, INC.



Principal Place of Business
14020 SW 36TH ST.
MIAMI, FL 33175

Mailing Address
10920 SW 115 ST
MIAMI, FL 33176 US



05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0516268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRAN, VIVIAN
10920 SW 115 ST
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERRAN, EZEQUIEL 14020 SW 36TH ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERRAN, NANCY 14020 SW 36TH ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERRAN, VIVIAN 14020 SW 36TH ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERRAN, JAVIER 14020 SW 36TH ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/04--01061--009 **550.00

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*12M
5/20*

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/04
Date

3059718179
Daytime Phone #