2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# P03000017432

Entity Name: ANOVI INC.

Current Principal Place of Business:

P.O. BOX 971397
MIAMI, FL 33197

New Principal Place of Business:

P.O. BOX 971397
MIAMI, FL 33197 US

Current Mailing Address:

P.O. BOX 971397
MIAMI, FL 33197

New Mailing Address:

P.O. BOX 971397
MIAMI, FL 33197 US

FEI Number: 57-1149722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIL, LAZARO M
12351 SW 198 ST
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIL, LAZARO M
Address: P.O. BOX 971397
City-St-Zip: MIAMI, FL 33197

Title: VD ( ) Delete
Name: GIL, IVONA
Address: P.O. BOX 971397
City-St-Zip: MIAMI, FL 33197

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LAZARO M. GIL PD 01/30/2004

Electronic Signature of Signing Officer or Director Date