

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90004 040 ***150.00

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1. Entity Name

FAROEVI SHIPPING CORPORATION



Principal Place of Business

125 N.E. 9TH STREET
MIAMI FL 33132

Mailing Address

125 N.E. 9TH STREET
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0954681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROVIROSA, FRANK L. JR.
125 N.E. 9TH STREET
MIAMI FL 33132

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

T
NAME ROVIROSA, RICHARD G. ☐ Delete
STREET ADDRESS 5400 SW 86TH ST
CITY-ST-ZIP MIAMI FL

PD
NAME ROVIROSA, FRANK L. ☐ Delete
STREET ADDRESS 11440 N. BAYSHORE DR.
CITY-ST-ZIP N. MIAMI FL

VD
NAME ROVIROSA, JORGE P. ☐ Delete
STREET ADDRESS 10405 SW 122 STREET
CITY-ST-ZIP MIAMI FL

VD
NAME ROVIROSA, FRANK V. ☐ Delete
STREET ADDRESS 4080 EL PRADO BLVD
CITY-ST-ZIP COCONUT GROVE FL

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE P. ROVIROSA

Date

Daytime Phone #

03-15-04

(305) 373-4765