

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 247897**

1. Entity Name

FAROV 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



1st MOORE

CR2E034 (10/04)

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, 2005 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 ☐ Delete  
NAME ROVIROSA, RICHARD G.  
STREET ADDRESS 5400 SW 86TH ST  
CITY- ST- ZIP MIAMI FL

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

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

VD ☐ Delete  
NAME ROVIROSA, FRANK V.  
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  
000000275530  
03/25/05-80006-007 158.75

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

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

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

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

☐ 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 authority with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #