

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # 594828

1. Entity Name
GAVINO PROPERTIES, INC.



Principal Place of Business
**230 S. DIXIE HWY
BOCA RATON, FL 33432**

Mailing Address
**230 S. DIXIE HWY
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1877275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENOIT-GAYINO, VIRGINIA J
4570 NW 5 AVENUE
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GAVINO, VIRGINIA
STREET ADDRESS	4570 NW 5 AVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SD
NAME	GAVINO, VIRGINIA
STREET ADDRESS	GAVINO, UGO
CITY-ST-ZIP	COOPER CITY, FL
TITLE	VP
NAME	GAVINO, VIRGINIA
STREET ADDRESS	GAVINO, UGO
CITY-ST-ZIP	COOPER CITY, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/05-80040-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone

2-14-05 (601) 395-
7731