

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 A  
Secretary of State**

**DOCUMENT # 616061**

1. Entity Name  
**ROVINTER, INC.**



Principal Place of Business  
**675 N.W. 97TH STREET  
MIAMI, FL 33150-1652 US**

Mailing Address  
**675 N.W. 97TH STREET  
MIAMI, FL 33150-1652 US**



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1902440**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROVITO, OSCAR  
675 NW 97 STREET  
MIAMI, FL 33150**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROVITO, OSCAR
STREET ADDRESS	675 NW 97 STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	S
NAME	ROVITO, SARA L
STREET ADDRESS	16500 COLLINS AVENUE #2255
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	VP
NAME	ROVITO, DIEGO A
STREET ADDRESS	3701 N. E. 168 STREET
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without power.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/27/06 305-757-5577**