


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F42376  
 1. Entity Name  
 DUVANT & COMPANY



Principal Place of Business      Mailing Address  
 1737 NW 79 AVE                      1737 NW 79 AVE  
 MIAMI, FL 33126                      MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**



04052005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2110807      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RAMIREZ, CARLOS  
 1737 NW 79 AVE.  
 MIAMI, FL 33126

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

00000234724  
 04/08/05-80081-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMIREZ, CARLOS
STREET ADDRESS	1737 NW 79 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VPM
NAME	BELITSKY, ALAN
STREET ADDRESS	1120 VALENCIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S
NAME	NAVARRO, SUYIN M
STREET ADDRESS	3664 SW 26TH STREET
CITY-ST-ZIP	MIAMI, 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 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 807, 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: Alan Belitsky      ALAN BELITSKY      4/5/05      305-591-7332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #