


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90023 007 ***150.00

DOCUMENT # L39524			
1. Entity Name RAVELLI, INC.			
Principal Place of Business 4970 SW 72ND AVE MIAMI, FL 33155		Mailing Address 828 VALENCIA AVE. CORAL GABLES, FL 33134	
2. Principal Place of Business 4970 SW 72 AVE Suite, Apt. #, etc. 104 City & State MIAMI, FL Zip 33155 Country USA		3. Mailing Address 4970 SW 72 AVE Suite, Apt. #, etc. 104 City & State MIAMI, FL Zip 33155 Country USA	
05242005 Chg-P CR2E034 (10/03)		4. FEI Number 65-0170262 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIBELLINI, FLORIANA 828 VALENCIA AVE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name GIBELLINI FLORIANA Street Address (P.O. Box Number is Not Acceptable) 616 VALENCIA Ave #102 City CORAL GABLES FL Zip Code 33134	
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: <i>F. Gibellini</i> 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ST NAME GIBELLINI, AUDREY STREET ADDRESS 1280 S. ALHAMBRA CR. #2306 CITY - ST - ZIP CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE ST NAME CRISTINA GIBELLINI STREET ADDRESS 330 ROMANO ST CITY - ST - ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME GIBELLINI, FLORIANA STREET ADDRESS 828 VALENCIA AVE. CITY - ST - ZIP CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GIBELLINI, UMBERTO STREET ADDRESS 828 VALENCIA AVE CITY - ST - ZIP CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>F. Gibellini</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-24-05 305 4482660 Date Daytime Phone #	