2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39524

Entity Name: RAVELLI, INC.

Name:

Address:

City-St-Zip:

GIBELLINI, UMBERTO

616 VALENCIA, #102

CORAL GABLES, FL 33134

FILED Jun 15, 2007 Secretary of State

| Littly Nai | He. RAVELLI | , INC. | | | |
|---|---|--|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 4970 SOU [*] SUITE 104 MIAMI, FL | | VENUE | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| SUITE 104 MIAMI, FL | 33155 US | | | Contiferate of Status Position () | |
| FEI Number: | 65-0170262 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| 616 VALEN SUITE 102 CORAL GA The above in the State | ABLES, FL 33 named entity se of Florida. | 134 US | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: Electronic Signature of Registered Agent | | | nt | Date | |
| Election Can | ce with s. 607.19 | 3(2)(b), F.S., the corporation did not g Trust Fund Contribution(). | t receive the prior notice. | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | ST () GIBELLINI, CR 330 ROMANO S CORAL GABLE | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DP () GIBELLINI, FLO 616 VALENCIA CORAL GABLE | , #102 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D () |) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FLORIANA GIBELLINI MS 06/15/2007