

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L73582	
1. Entity Name G'VAN INVESTMENTS, INC.	

Principal Place of Business 8405 N.W. 53RD STREET SUITE C102 MIAMI, FL 33166 US	Mailing Address 8405 N.W. 53RD STREET SUITE C102 MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0190497	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, DOMINGO 8405 N.W. 53RD STREET SUITE C102 MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	1000000326253 04/23/05-80049-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD LOPEZ, LUIS ENRIQUE 8405 N.W. 53RD STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VOLLMER, GUSTAVO A 8405 N.W. 53RD STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPSTRAP, DENNIS 8405 N.W. 53RD STREET #C102 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS STINSON, LOUIS JR. 8405 N.W. 53RD STREET MIAMI, FL 33166
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 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: *Luis E. Lopez* VP 4/21/05 (305) 514-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #