

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90047 009 \*\*\*150.00

DOCUMENT # M56738

1. Entity Name  
INVEDAO CORPORATION



Principal Place of Business

520 BRICKELL KEY DR  
APT # 705  
MIAMI, FL 33131 US

Mailing Address

520 BRICKELL KEY DR.  
APT # 705  
MIAMI, FL 33131 US

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0006696

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVALOS, FEDERICO  
C/O INVEDAO CORP.  
520 BRICKELL KEY DR. APT # 705  
MIAMI, FL 33131

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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 D  
NAME DAVALOS, RICKY  
STREET ADDRESS 520 BRICKELL KEY DR., APT. 705  
CITY-ST-ZIP MIAMI, FL

TITLE P  
NAME DAVALOS, FEDERICO  
STREET ADDRESS 520 BRICKELL KEY DR., APT. 705  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME DAVALOS, JOHNNY  
STREET ADDRESS 520 BRICKELL KEY DR., APT. 705  
CITY-ST-ZIP MIAMI, FL

TITLE T  
NAME DAVALOS CECILIA  
STREET ADDRESS 520 BRICKELL KEY DR. APT. 705  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/06 305-385344