

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56782

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** COVISA REALTY & MANAGEMENT, INC.

**Current Principal Place of Business:**

275 FONTAINEBLEAU BLVD.  
174  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 402665  
MIAMI BEACH, FL 331402665

**New Mailing Address:**

**FEI Number:** 59-2835621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HADIDA-HASSAN, JOSE  
6423 COLLINS AVENUE, #1105  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: HADIDA-HASSAN, JOSE  
Address: 6423 COLLINS AVE., #1105  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD ( ) Delete  
Name: HADIDA-HASSAN, ALICIA  
Address: 6423 COLLINS AVE., #1105  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: HADIDA-HASSAN, AXEL  
Address: 6423 COLLINS AVE # 1105  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOSE HADIDA HASSAN

PSD

01/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date