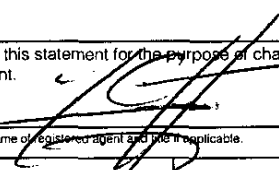
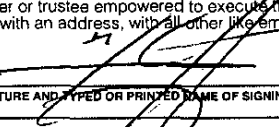


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90089 015 ***158.75

DOCUMENT # P00000017553					
1. Entity Name REIVAX CORP.					
Principal Place of Business 9600 NW 25TH ST. #5A MIAMI, FL 33172			Mailing Address 9600 NW 25TH ST. #5A MIAMI, FL 33172		
2. Principal Place of Business 10365 S.W. 96 TERR.		3. Mailing Address 10365 S.W. 96 TERR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0982823	
Zip 33176		Country U.S.A.		Applied For Not Applicable	
Zip 33176		Country U.S.A.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRIAGO, GIOVANNI 10365 SW 96 TERR MIAMI, FL 33176			7. Name and Address of New Registered Agent Name XAVIER INTRIAGO Street Address (P.O. Box Number is Not Acceptable) 10365 S.W. 96 TERR. City MIAMI FL Zip Code 33176		
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:  DATE: 4/16/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POSADA, LAURI ☒ Delete 9600 NW 25 ST, SUITE 5 A MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD XAVIER INTRIAGO ☐ Change ☐ Addition 10365 S.W. 96 TERR. MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD INTRIAGO, XAVIER ☒ Delete 10355 SW 96 TERR MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DIANA INTRIAGO ☐ Change ☐ Addition 10365 S.W. 96 TERR. MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INTRIAGO, GIOVANNI ☐ Delete 10365 SW 96 TERR MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR INTRIAGO, PAOLA ☐ Delete 10365 SW 96 TERR MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Date: 4/16/04 Daytime Phone #: 305 490-1066		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					