


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P00000079029 1. Entity Name LIVI CORP. |  |
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|---|---|
| Principal Place of Business 2020 N.W. 7TH ST. MIAMI, FL 33125 | Mailing Address 2020 N.W. 7TH ST. MIAMI, FL 33125 |
|---|---|



04042005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1035310 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent SALLEH, MOHAMMED S 2020 N.W 7TH ST. MIAMI, FL 33125 |
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| 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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SALLEH, MOHAMAD S 2370 SW 123 AVE MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GARCIA, LEO 5850 SW 52 TERR MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>000000291460 04/07/05-80033-003 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 reports 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:  **4/5/2005** **305 962-3444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #