


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P00000108782 |  |
| 1. Entity Name GERVANIAS CORPORATION | |

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| Principal Place of Business 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134 | Mailing Address 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134 |
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04282006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--------------------------------------|
| 4. FEI Number 65-1069684 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134 |
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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 resigning) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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000000555987
05/16/06-80053-023 150.00

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD VARGAS, GERMAN 2100 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP VARGAS, LAZARO 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS VARGAS, GERMAN 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134 |
| 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 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:

 **ATTY IN FACT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 **305-377 0812**
Date Daytime Phone #