
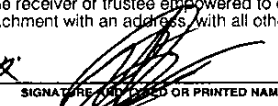


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90015 035 \*\*\*150.00

DOCUMENT # P00000111961			
1. Entity Name FEVI CORPORATION			
Principal Place of Business P.O. BOX 835934 MIAMI, FL 33283-5934		Mailing Address P.O. BOX 835934 MIAMI, FL 33283-5934	
2. Principal Place of Business 8181 NW 36 ST.		3. Mailing Address 8181 NW 36 ST.	
Suite, Apt. #, etc. 6-0		Suite, Apt. #, etc. 6-0	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33111	Country USA	Zip 33111	Country USA
6. Name and Address of Current Registered Agent NELSON, GONZALEZ P.O BOX 835934 MIAMI, FL 33283		7. Name and Address of New Registered Agent Name NELSON GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 14211 SW 101 LANE City MIAMI FL Zip Code 33186	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD GONZALEZ, NELSON P.O. BOX 835934 MIAMI, FL 332835934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, NELSON 14211 SW 101 LANE MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARELYS, GARCIA L P.O. BOX 835934 MIAMI, FL 332835934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DUENO, CAMILO JOSE 4608 NW 114 AVE APT 1109 MIAMI FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		NELSON GONZALEZ 3/30/05 (5786) 399-9403 PRESIDENT Date Daytime Phone #	