

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000044071	
1. Entity Name FAMANVI, INC.	

Principal Place of Business 1851-3 CARALEE BLVD #3 ORLANDO, FL 32822 US	Mailing Address P O BOX 617047 ORLANDO, FL 32861 US
--	---



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

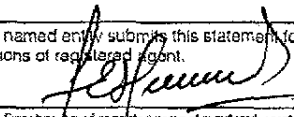
4. FCI Number 59-3716436	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HERRERA, FABIO 1851-3 CARALEE BLVD ORLANDO, FL 32822

**DO NOT WRITE
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  04.30.04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

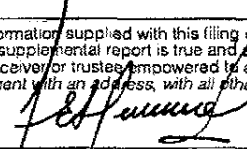
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, FABIO 1851-3 CARALEE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VILLARREAL, MANUEL 1851-3 CARALEE BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERRERO, ADRIANA 1831 SOUTH SEMORAN BLVD. APT C ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000151557
05/04/04-80051-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:  04.30.04 (321)2297683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #