

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 019 \*\*\*150.00

**DOCUMENT # P01000056282**

1. Entity Name  
**SVO INTERNATIONAL GRAINS CORP.**



Principal Place of Business

**7585 N.W. 7TH STREET  
MIAMI, FL 33126**

Mailing Address

**7585 N.W. 7TH STREET  
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #

**2001 S.W. 104th Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**2001 S.W. 104th Avenue**

Suite, Apt. #, etc.



03212007

Chg-P

CR2E034 (12/06)

City & State

**MIRAMAR, FL**

City & State

**MIRAMAR, FL**

4. FEI Number

**65-1140486**

Applied For

Not Applicable

Zip

**33025**

Country

Zip

**33025**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VELASQUEZ SALINAS, JOSE A  
7585 NW 7TH ST  
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME VELASQUEZ SALINAS, JOSE A  
STREET ADDRESS 2001 S.W. 104TH AVENUE  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE SD ☐ Delete  
NAME DE SALINAS, YELBA OQUELI  
STREET ADDRESS 2001 S.W. 104TH AVENUE  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE T ☐ Delete  
NAME VELASQUEZ, JOSE G  
STREET ADDRESS 2001 S.W. 104TH AVENUE  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*[Signature]*

4-17-07