## 2005 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT May 12, 2005 08:00 AM Secretary of State **DOCUMENT # P01000057753** PIVAR INVESTMENTS OF USA, INC. Mailing Address Principal Place of Business 5460 NW 107TH AVE. NO. 101 5460 NW 107TH AVE. NO. 101 MIAMI, FL 33178 MIAMI, FL 33178 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc.\_ Suite, Apt. #, etc. 04292005 Cha-P CR2E034 (10/03) 4. FEI Number Applied For Criv & State City & State Not Applicable 65-1111937 Cauntry \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PINERES, JAVIER A Street Address (P.O. Box Number is Not Acceptable) 2110 HOLLYWOOD BLVD #5 HOLLYWOOD, FL 33020 Zip Code City 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 5-gnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change PD TITLE TITLE ☐ Delete PINERES, JAVIER A <u> 1005-450</u>0453-1009068796 NAME STREET AGDRESS 2110 HOLLYWOOD BLVD 5 STREET ADDRESS DEPOSIT ONLY ISU, OO CITY-ST-7IP CRTY-ST-ZIP HOLLYWOOD, FL 33020 900054349799°° T Relete TITLE TITLE NAME CABRERA, JANET NAME .05/12/05--01087--025 2110 HOLLYWOOD BLVD, NO. 5 STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete 33T3.E TITLE U00000366335 NAME STREET AUDRESS STREET ADDRESS 05/12/05-80008-025 150.00 City-St-2iP CITY-ST-ZIP ☐ Change Addition TRLE ☐ Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition mæ ☐ Delete NAME MALAF STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP ☐ Delete BILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 path; 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 attachagen with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0V-02-0V