

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000062731

1. Entity Name
CORVO FAMILY BUSINESS, INC.



Principal Place of Business

**15450 NEW BARN ROAD, SUITE 302
MIAMI LAKES, FL 33014**

Mailing Address

**15450 NEW BARN ROAD, SUITE 302
MIAMI LAKES, FL 33014**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1115031

Applies
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Addition-
Fee Required

6. Name and Address of Current Registered Agent

**CORVO, LOURDES
15450 NEW BARN ROAD, SUITE 302
MIAMI LAKES, FL 33014**

**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 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JELINCIC, LOURDES C
STREET ADDRESS	15450 NEW BARN ROAD, SUITE 302
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VP
NAME	DIAZ, MARIA CRISTINA
STREET ADDRESS	8545 N.W. 165 STREET
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000005790
01/16/04-80004-025 150.00

**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)(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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] President 1-6-03 305-8270084