


FILED
Apr 07, 2003 8:00 am
Secretary of State

020751A 21/

DOCUMENT # P01000090658

1. Entity Name
FAVI INC.



Principal Place of Business
630 NW 113TH STREET
MIAMI FL 33168

Mailing Address
630 NW 113TH STREET
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1137715

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGUART, JULIO
1428 BRICKELL AVENUE
MAIN STREET
MIAMI FL 33131

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$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	D LLOBELL, FABIAN 630 NW 113TH STREET MIAMI FL 33168	Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRINETTO, VITTORIO 630 NW 113TH STREET MIAMI FL 33168	Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete

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CITY - ST - ZIP | | Change 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #