

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90113 017 \*\*\*150.00

**DOCUMENT # P01000100719**

1. Entity Name  
KOVITOS CORP.



Principal Place of Business

7270 NW 12 ST  
#840  
MIAMI, FL 33126

Mailing Address

9300 S DIXIE HIGHWAY #201  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1251175

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MANZANO, ROSARIO  
7270 NW 12TH ST, # 840  
MIAMI, FL 33126

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
NAME	MANZANO, ROSARIO
STREET ADDRESS	9300 NW 12 ST, # 840
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	HANZANO, SANTIAGO
STREET ADDRESS	7270 NW 12ST, # 840
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	MANZANO, ALVARO C
STREET ADDRESS	7270 NW 12TH, # 840
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #