FILED

4/21/2003-90486-042-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009135

1. Entity Name
ROIVO CORPORATION

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER S#2975 2 S BISCAYNE BLV MIAMI FL 33131	ONE BISCAYNE TOWER S#2975 2 S BISCAYNE BLV MIAMI FL 33131

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7760 SIMMS ST	7760 SIMMS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number: 80-0031228 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ
ONE BISCAYNE TOWER S#2975 2 S BISCAYNE BLV
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Roberto Fresco
Street Address (P.O. Box Number is Not Acceptable): 7760 SIMMS ST
City: Hollywood FL Zip Code: 33024

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 ________ 6/2/03
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: President NAME: Roberto Fresco STREET ADDRESS: 7760 SIMMS ST CITY-ST-ZIP: Hollywood FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/5/03 9548222688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

6/5