

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90046 038 ***150.00

DOCUMENT # P02000029280

1. Entity Name

IRVISA INTERNATIONAL CORP.



Principal Place of Business

2843 SOUTH BAYSHORE DR SUITE 5A
MIAMI FL 33133

Mailing Address

2843 SOUTH BAYSHORE DR SUITE 5A
MIAMI FL 33133

2. Principal Place of Business

3191 CORAL WAY Suite 644

3. Mailing Address

PMB 357 / 2520 S.W. 22nd

Suite, Apt. #, etc.

Suite 644

Suite, Apt. #, etc.

Suite 2

City & State

Miami, FL

City & State

Miami FL

Zip

33145

Country

USA

Zip

33145 FL

Country

USA

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO
1390 BRICKELL AVENUE SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 2004 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

TITLE D
NAME TORRES, SANDRA
STREET ADDRESS 2843 SOUTH BAYSHORE DR SUITE 5A
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE D
NAME LOPEZ, IRMA CAROL
STREET ADDRESS 2843 SOUTH BAYSHORE DR SUITE 5A
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE D
NAME CHOW, IVY
STREET ADDRESS 2843 SOUTH BAYSHORE DR SUITE 5A
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME Tybuszynski, Irma Carol
STREET ADDRESS 1610 S.W. 76 Court
CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

TITLE D
NAME Chow, Ivy
STREET ADDRESS 1111 S.W. 13th Street
CITY-ST-ZIP Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sandra Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 305-443-0777

Date

Daytime Phone #