


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90073 014 ***150.00

DOCUMENT # P02000041972 1. Entity Name ALHOVI, INC.			
Principal Place of Business 1663 SW 19 STREET MIAMI, FL 33145		Mailing Address 1663 SW 19 STREET MIAMI, FL 33145	
2. Principal Place of Business 7807 NW 72 Ave. Suite, Apt. #, etc.		3. Mailing Address 7807 NW 72 Ave. Suite, Apt. #, etc.	
City & State MEDLEY FL		City & State MEDLEY FL	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 03-0428599		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARAVI, ALBERTO 1663 SW 19 ST. MIAMI, FL 33145		7. Name and Address of New Registered Agent Name SARAVI, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 7807 NW 72 Ave. City MEDLEY FL Zip Code 33166	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>		DATE 4/11/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD SARAVI, ALBERTO 1663 SW 19 ST. MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARAVI, ALBERTO 7807 NW 72 Ave MEDLEY, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date RESIDENT 786-556-3180 <small>Daytime Phone #</small>	