


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000047517		
1. Entity Name ENNOVI INTERNATIONAL, INC.		

Principal Place of Business 9540 SW 37TH STREET MIAMI FL 33165	Mailing Address 9540 SW 37TH STREET MIAMI FL 33165
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CHUMPITAZI, OSWALDO E 9540 SW 37TH STREET MIAMI FL 33165	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 _____ (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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHUMPITAZI, OSWALDO E 9540 SW 37TH STREET MIAMI FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHUMPITAZI, IVONNE M 9540 SW 37TH STREET MIAMI FL 33165 <input type="checkbox"/> Delete
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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 807, 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: *Oswaldo Chumpitazi* **1-28-04 305-298-4247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #