

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90400 027 ***150.00

DOCUMENT # P02000058499

1. Entity Name
GLOVAN ENTERPRISES, INC.



Principal Place of Business
**3383 NW 7TH ST. SUITE 210
MIAMI, FL 33125**

Mailing Address
**3383 NW 7TH ST. SUITE 210
MIAMI, FL 33125**

44041524



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
30-0080862

Applied For
No: Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMARGO, EMMA G
68331 SW 129 AVE APT 6
MIAMI, FL 33183**

Name

Street Address (P.O. Box Number is Not Acceptable)
3383 N W 7th ST SUITE 210

MIAMI, FL 33125

City **MIAMI**

FL Zip Code **33125**

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

Emma Camargo

04/23/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **DP** ☐ Delete
NAME **CAMARGO, EMMA G**
STREET ADDRESS **10288 NW 9TH ST CIR APT #202**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6831 S W 129 AVE APT 6**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **DV** ☐ Delete
NAME **COLOMBIA, PATINO**
STREET ADDRESS **10801 SW 109 CT APT D104**
CITY-ST-ZIP **MIAMI, FL 33176**

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

TITLE **DT** ☐ Delete
NAME **DURAN, VANESSA**
STREET ADDRESS **6831 SW 129 AVE APT 6**
CITY-ST-ZIP **MIAMI, FL 33183**

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

TITLE **DS** ☐ Delete
NAME **VILLARADE, ALICRA**
STREET ADDRESS **10801 SW 109 CT APT D 104**
CITY-ST-ZIP **MIAMI, FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Emma Camargo

EMMA G CAMARGO PRESIDENT

04/23/04 (305) 541 4086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #