

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000128225	
1. Entity Name SOVELLO USA CORPORATION	
Principal Place of Business 3703 NE 166TH ST., #602 N. MIAMI BCH, FL 33160	Mailing Address 3703 NE 166TH ST., #602 N. MIAMI BCH, FL 33160



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3669427	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 LITVINOV, PAVEL 3741 NE 163RD ST., #263 N. MIAMI BCH, FL 33160
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**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIDJUK, ALEXANDR TALLINN LUKATI 6-3, 12012 ESTONIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRUSEVICH, LARRY T 10425 LIONS HEART LITTLETON, OH 80124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/28/05-80008-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Larry Grusevich* **Apr. 25.05** **(303) 596-8877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #