2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

	ANNUAL	REPORT			secretary or state					
DOCUMENT # P03000012147 1. Entity Name ANAVI, CORP.						05-08-2008	3 90019 00	06 ***150	0.00	
Principal Place of Business Mailing Address					1 4005	ህጋራዣ 🧠				
1200 BRICKE	FLL AVE	1200 BRICKELL AVE			, ,					
STE 860		STE 860			. '					
MIAMI, FL 33131 MIAMI, FL 33131										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312008	Chg-P	CR2E0:	34 (12/06)		
City & State		City & State			4. FEI Numbe				plied For	
Zip Country		Zip Coun			20-0189 5. Certificate	Not Applicable				
	6 Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	7 Name and	Address of New			·	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
LOPEZ, PETER M P.A.				PETER M. LOPEZ						
1411 NW 150 AVE, STE 860				Street Address (P.O. Box Number is Not Acceptable)						
PEMBROKE PINES, FL 33028				1911 NW 150 Ave #201						
				ily Abimb	Pembroke Pines FL Zip Cood 28					
8. The above	named entity syomits this statement of				lorida. I am f	amiliar with.	and accept			
the obligations of registeyed agent.										
SIGNATURE XLLLUXXX										
Signature, typed or printed name of regular of figure. And title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE					☐ Change	Addition	
NAME	HERNANDEZ, VIDAL ADDRESS 1155 BRICKELL BAY DRIVE UNIT 1006 STR								—	
STREET ADDRESS				DRESS						
CITY-\$1-ZIP	MIAMI, FL 33131		CITY-\$1-2	ZIP						
TITLE	D	Delete	TITLE	-				☐ Change	Addition	
	NAME GARCIA, ANA			NOW CC						
			STREET AD							
TITLE	D	□ Delete	TITLE			*		☐ Change	☐ Addition	
NAME	HERNANDEZ, HENRY -	- Delete	NAME -		-		<u> </u>	Criange	☐ Addition	
			STREET AD	ORESS						
CITY-S1-ZIP	MIAMI, FL 33131		CITY-ST-Z	ZIP	_		_			
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	1			ļ						
			STREET AC							
CITY-ST-ZIP	MIAMI, FL 33131	——————————————————————————————————————	CITY-ST-	4IF		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
_ 5555			TITLE NAME					☐ Change	☐ Addition	
1			STREET AD	DDRESS						
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-							
TITLE	D	☐ Delete	TITLE			**-		☐ Change	Addition	
NAME			NAME							
STREET ADDRESS	1155 BRICKELL BAY DRIVE UN	NT 1006	STREET AC	ODRESS						
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-	ZIP						
CITT-31-21F	11111 (1111) 1 2 4 5 1 5 1									

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 tike empowered.

SIGNATURE:

TURE AND TWEET OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Daytime Phone #