

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-09-2004 90010 024 ***158.75
FILED PD3000068938

FILED
Oct 21, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P03000068938					
1. Entity Name PAVO REAL USA CORP					
Principal Place of Business 15061 SW 9th Ter MIAMI FL 33194-2459			Mailing Address [REDACTED]		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 35-2208359	
5. Certificate of Status Desired ☒ MOORE CR2E034 (11/03)				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HAYDEF QUINTERO 15061 SW 9th Ter MIAMI FL 33194-2459					
7. Name and Address of New Registered Agent 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 reappointing) 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Delete HAYDEF QUINTERO 15061 SW 9th Ter MIAMI FL 33194-2459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete JOSE A CRUZ 15061 SW 9th Ter MIAMI FL 33194-2459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY JOAN A CRUZ 15061 SW 9th Ter MIAMI FL 33194-2459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TREASURER		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition JOSE ANTONIO CRUZ 15061 SW 9th Ter MIAMI FL 33194-2459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.					
SIGNATURE: [Signature] 7/07/04					

10/21

ALVAREZ & FERNANDEZ, P.A.
Certified Public Accountants
650 N. W. 43rd Avenue
MIAMI, FLORIDA 33126

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MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FAX TRANSMITTAL

DATE: 10-21-04.

TO : State Dept FL

FROM: EMILIO B. ALVAREZ

NO. OF PAGES INCLUDING THIS ONE:

ATTN: Brenda

FAX NO: 1850-410-1015

TELEPHONE NO:

RE: PAVO REAL USA CORP

☐ Urgent ☐ For review ☐ Please Comment ☐ Please reply ☐ Please Recycle

Enclosed please find The ANNUAL
Report filed by us because we
never received The card on the
form Please correct this situation