



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90733 033 \*\*\*150.00

<b>DOCUMENT # P03000078026</b> 1. Entity Name <b>COVI RESIDENTIAL INC.</b>					
Principal Place of Business <b>13133 ORANGE GROVE BLVD. WEST PALM BEACH FL 33411</b>			Mailing Address <b>13133 ORANGE GROVE BLVD. WEST PALM BEACH FL 33411</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>90-0061110</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RUSSELL, MICHAEL 13133 ORANGE GROVE BLVD. WEST PALM BEACH FL 33411</b>				7. Name and Address of New Registered Agent Name <b>Lori Jagla</b> Street Address (P.O. Box Number is Not Acceptable) <b>13133 Orange Grove Blvd</b> City <b>West Palm Beach</b> FL Zip Code <b>33411</b>	
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 <i>Lori Jagla</i> DATE <b>4/30/04</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUSSELL, MICHAEL STREET ADDRESS 13133 ORANGE GROVE BLVD. CITY-ST-ZIP WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete		TITLE Pres NAME Marzena Ellis STREET ADDRESS 8077 Sago Palm Lane CITY-ST-ZIP Boynton Beach FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Sec NAME Lori Jagla STREET ADDRESS 13133 Orange Grove Blvd CITY-ST-ZIP West Palm Beach FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <i>Lori Jagla</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/17/04</b> Daytime Phone # <b>561-753-5772</b>		