

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000085779

1. Entity Name

COVI INTERNATIONAL INC.



FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90733 034 ***150.00

Principal Place of Business
13133 ORANGE GROVE BLVD.
WEST PALM BEACH FL 33411
US

Mailing Address
13133 ORANGE GROVE BLVD.
WEST PALM BEACH FL 33411
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1066722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, MARZENA M
8077 SAGO PALM LANE
BOYNTON BEACH FL 33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PRES
NAME ELLIS, MARZENA M
STREET ADDRESS 8077 SAGO PALM LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

Delete

TITLE SEC
NAME JAGLA, LORI A
STREET ADDRESS 13133 ORANGE GROVE BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33411

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Lori Jagla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/04

561-753-5772

Date

Daytime Phone #