2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2007 8:00 am **DOCUMENT # P03000091482** Secretary of State 1. Entity Name 04-13-2007 90185 038 ***150.00 GOVÍNAS INC. Principal Place of Business Mailing Address 7935 AIRPORT PULLING ROAD NORTH 7935 AIRPORT PULLING ROAD NORTH : . UNIT 11 **UNIT 11** NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0174321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD **SUITE 101** TALLAHASSEE, FL 32301-2960 City 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 crimted name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Addition ☐ Delete TITLE 51 MON NANCY Change NAME SIMON, VICTOR NAME STREET ADDRESS 7935 AIRPORT PULLING ROAD NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-7IP N ADLIE'S TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME

12. I hereby 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 suppliemental 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.

CITY-ST-7IP

STREET ADDRESS

NAME

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STREET ADORESS

CITY-ST-7IP

4-9-07

FILED