

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000098231

1. Entity Name
N. G. V. C. CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 11:05

Principal Place of Business
6949 NW 82ND AVE.
MIAMI, FL 33166 US

Mailing Address
6949 NW 82ND AVE.
MIAMI, FL 33166 US



2. Principal Place of Business
1390 Brickell Avenue
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
1390 Brickell Avenue
Suite, Apt. #, etc.
Suite 200

07252005 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-1058833

Applied For
Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATTORINI, NOEMI B
6949 NW 82ND AVE.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue, Suite 200

City
Miami

FL

Zip Code
33131

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CATTORINI, NOEMI B
STREET ADDRESS 6949 NW 82ND AVE.
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Noemi B. Cattorini ☒ Change ☐ Addition
STREET ADDRESS 1390 Brickell Avenue, Suite 200
CITY-ST-ZIP Miami, FL 33131

TITLE S
NAME Alvaro Castillo ☐ Change ☒ Addition
STREET ADDRESS 1390 Brickell Avenue, Suite 200
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME 400058354714 ☐ Change ☐ Addition
STREET ADDRESS 08/09/05--01002--011 **61.25
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #

Alvaro Castillo B., 7/25/05 (205) 371-5540