

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03607

1. Entity Name
SANVADI INC.



Principal Place of Business
**2600 SW 3RD AVE #800
MIAMI, FL 33129 US**

Mailing Address
**PO BOX 450804
MIAMI, FL 33245-0804 US**



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **98-0072863** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACEVEDO, RALPH A.
2600 S.W. THIRD AVENUE
STE 800
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SANCHEZ MONTES, ANTONIO
STREET ADDRESS	AV LIBERTADOR, CHACAO
CITY - ST - ZIP	CARACAS, VENEZUELA,
TITLE	DV
NAME	VADILLO, JOSE IGNACIO
STREET ADDRESS	AV LIBERTADOR, CHACAO
CITY - ST - ZIP	CARACAS, VENEZUELA,
TITLE	DS
NAME	ACEVEDO, RAFAEL ANGEL
STREET ADDRESS	819 PARADISO AVE.
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	D
NAME	VADILLO, INGACIO JR
STREET ADDRESS	AVDA RIO CAURA, PRADOS DEL ESTE
CITY - ST - ZIP	CARCAS, VE
TITLE	D
NAME	ORRO SANCHEZ, ANTONIO RICARD
STREET ADDRESS	AVDA RIO CAURA PRADOS DEL ESTE
CITY - ST - ZIP	CARACUS, VE
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/31/05-80054-007 158.75

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

Date

Daytime Phone #

3-22-05 305-856-7586