2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # P03607

1. Entity Name
SANVADI INC.

Principal Place of Business	Mailing Address
2600 SW 3RD AVE #800 MIAMI, FL 33129 US	PO BOX 450804 MIAMI, FL 33245-0804 US

01162008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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, ALFREDO
STREET ADDRESS	11907 SW 77 TERRACE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	DS
NAME	ACEVEDO, RAFAEL ANGEL
STREET ADDRESS	819 PARADISO AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DV
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	

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01/24/08-80001-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-16-08 305 856 7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #