

2007 FOR PROFIT CORPORATION ANNUAL REPORT


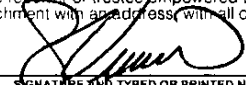
FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90107 022 ***150.00

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04272007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000041011					
1. Entity Name COVENANT INTERNATIONAL CORP.					
Principal Place of Business 7860 NW 80 STREET MEDLEY, FL 33166			Mailing Address 7860 NW 80 STREET MEDLEY, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 66142-5			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Miami Springs, FL			
City & State		City & State Miami Springs, FL			
Zip	Country	Zip	Country	4. FEI Number 34-2007536	
33266		33266	FL	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCNALLY, JAMES J 2655 LEJEUNE ROAD SUITE 804 CORAL GABLES, FL 33134				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				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)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D DURAN, SAMUEL 7860 NW 80TH ST MEDLEY, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. DURAN, SAMUEL P.O. Box 661425 Miami Springs, FL 33266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MARIA T 7860 NW 80TH ST MEDLEY, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD. GARCIA, MARIA T P.O. Box 661425 Miami Springs, FL 33266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		NAME: SAMUEL DURAN		Date: 4/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-216-2683	