


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90001 045 ***150.00

DOCUMENT # P04000108898

1. Entity Name
SELAVY, INC.



Principal Place of Business
**2701 S LE JEUNE RD STE 310
 CORAL GABLES FL 33134**

Mailing Address
**2701 S LE JEUNE RD STE 310
 CORAL GABLES FL 33134**

2. Principal Place of Business
1428 Brickell Avenue
 Suite, Apt. #, etc.
Suite 206


3. Mailing Address
1428 Brickell Avenue
 Suite, Apt. #, etc.
Suite 206

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA



1st MOORE CR2E034 (10/04)

4. FEI Number
20-1425100

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SANCHEZ, JOSE J
 2701 S LE JEUNE RD STE 310
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Sanchez, Jose J.

Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue, Suite 206

City
Miami

FL Zip Code
33131

8. The above named entry 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]* X **1/21/05**
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 \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, JOSE J 2701 S LE JEUNE RD STE 310 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALEZ, MANUEL E 2701 S LE JEUNE RD STE 310 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sanchez, Jose J. 1428 Brickell Avenue, Suite 206 Miami, FL. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Gonzalez, Manuel E. 1428 Brickell Avenue, Suite 206 Miami, FL. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE: X *[Signature]* X **1/21/05** X **305-856-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #