

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116088

Entity Name: CONDAVI CORP.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

881 OCEAN DRIVE
UNIT 17D
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131

New Mailing Address:

1000 BRICKELL AVE., STE. 300
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGI REGISTERED AGENTS, INC.
1000 BRICKELL AVE., STE. 300
MIAMI, FL 33131 US

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.

SIGNATURE: ROBERT R. ADAMS

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCARPETTA, CONSUELO
Address: 881 OCEAN DRIVE, UNIT 17D
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: DAVILA, ALEJANDRO
Address: 881 OCEAN DRIVE, UNIT 17D
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: DE PINERES, ANAMARIA G
Address: 881 OCEAN DRIVE, UNIT 17D
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSUELO SCARPETTA

P/D

04/17/2008

Electronic Signature of Signing Officer or Director

Date