

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116088

Entity Name: CONDAVI CORP.

FILED  
Apr 17, 2009  
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:

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

## New Mailing Address:

FEI Number: 75-3268279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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

Title: VP 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

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date