

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

3/ Apr 15, 2005 8:00 am
Secretary of State

03-18-2005 90074 025 ***150.00

DOCUMENT # P04000146914 1. Entity Name DE LA VI, INCORPORATED					
Principal Place of Business 2751 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019			Mailing Address 2751 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business 2751 South Ocean Drive		3. Mailing Address Suite, Apt. #, etc.			
City & State Hollywood, FL		City & State			
Zip 33019	Country	Zip	Country		
4. FEI Number 20-2073135			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE LA PIEDRA, CARLOS 2751 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Carlos de la Piedra</i></u> DATE <u>02/22/05</u> Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD DE LA PIEDRA, CARLOS 2751 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VILLAR, JULIO E 2751 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.					
SIGNATURE: <u><i>Carlos de la Piedra</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>04-13-2005</u> Daytime Phone #		