


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90288 038 \*\*\*150.00

**DOCUMENT # P04000163332**

1. Entity Name  
**SABINA COVO ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**100 KINGS POINT DRIVE UNIT 315  
 SUNNY ISLES BEACH, FL 33160**      **100 KINGS POINT DRIVE UNIT 315  
 SUNNY ISLES BEACH, FL 33160**

2. Principal Place of Business      3. Mailing Address

**2675 SW 17 AV**      **2675 SW 17 AV**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33133**      **DADE**      **33133**      **DADE**



04182005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**20-2338764**      Not Applicable

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

6. Name and Address of Current Registered Agent

**COVO, SABINA  
 100 KINGS POINT DRIVE UNIT 315  
 SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name      **COVO, SABINA**

Street Address (P.O. Box Number is Not Acceptable)

**2675 SW 17 AV.**

City      **MIAMI**      FL      Zip Code      **33133**

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: *Sabina Covo*      DATE: 4/18/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**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	<b>D</b> <b>COVO, SABINA</b> <b>100 KINGS POINT DRIVE UNIT 315</b> <b>SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COVO, SABINA</b> <b>2675 SW 17 AVE</b> <b>MIAMI, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Sabina Covo*      DATE: 4/18/05

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #