## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90353 027 \*\*\*158.75

DOCUMENT # P05000143202  1. Entity Name SANVIL INTERNATIONAL INVESTMENT CORP.				04-28-2008 \$	70333 027 *** 136.73	
Principal Plac	e of Business	Mailing Address		40084948	·	
6420 NW 114TH AVE 7232 NW 56 ST						
SUITE_1306 _ — -MIAMI;FL=33178						
DORAL, FL	33178			( (		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9961 NW 9 street 9961 NW			9 street			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			112	03062008 Chg-P	CR2E034 (12/06)	
City & State High			is Fl	4. FEI Number 57-1226389	Applied For Not Applicable	
Zip 33	S172 Country OFA	Zip 33172	Country	Certificate of Status Desired	\$8.75 Additional Fee Required	
ļ	6. Name and Address of Current R			7. Name and Address of New Re	<u> </u>	
			Name 11			
BARRA, H			27	7/2 08010 1/1.		
F/2	1:14TH AVE		Street Address (P.O. Box Number is Not Acceptable)			
\$31TE 1306   DORAL, FL 33178			9961 NW, 9 57. CR. #12			
			City	/ 1000 / / 37. K	FL Zip Code 33/72/	
8the above	named entity submits the strement for	the ournose of changing its re-	gistered office or regist	tared agent, or both, in the State of Flor		
8. The above named entity submits this streement 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 #ECTOR A. PARRA 3.14.08						
Signature, typed or printed name of uppetered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	PARRA, HECTOR A	☐ Delete	TITLE NAME		C' Change Addition	
STREET ADDRESS				STREET ANN DESCE 9961 NW, 1 31. 9K, # / 2.		
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP	LIAMI. FL. 3	3172	
TITLE	VP	☐ Delete	TITLE	,	Change   Addition	
NAME CIRCLI ADDRESS	VILLAMIZAR, LAURA		NAME	- $        -$		
STREET ADDRESS CITY-ST-ZIP	6420 NW 114TH AVE: SUITE 1306 DORAL, FL 33178	)	STREET ADDRESS CITY-ST-ZIP	1967.00,	33177	
TITLE	S	☐ Delete	TITLE	MIDAL.	Change    Addition	
NAME	SANCHEZ, OMAR	CT Deleté		0 ==		
STREET ADDRESS	6420 NW 114TH AVE SUITE 1306	<b>;</b>	STREET ADDRESS	7961 NOV, 9 57	. 92, #12	
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP	MIAHI. FL 3	3/72	
TITLE	D SANCHEZ CIDO	Delete	INLE		Change Addition	
NAME STREET ADDRESS	SANCHEZ, CIRO 6420 NW 114TH AVE., SUITE 130	16	NAME STREET ADDRESS			
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP			
TITLE	D = 2 = 4 = 4	CALCET Delete	TITLE		☐ Change ☐ Addition	
NAME :	NELSON JON	7162	NAME			
STREET ADDRESS CITY-ST-ZIP -	NELSON 55NO 9961, NW, 95 4144. FL	1. CIK, #1C	STREET ADDRESS			
TITLE	MIAHU. FL		CITY-SI-ZIP			
NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						
12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained 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 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 trusted impowered 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.						
7 1/4 0X 78/ TO 776/c						
SIGNATURE.						
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date	Daytime Phone #	