

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 019 ***158.75

DOCUMENT # P06000118648

1. Entity Name
FOREVER INVESTMENTS INCORPORATED



Principal Place of Business
11534 SW 137TH PASSAGE
MIAMI, FL 33186

Mailing Address
11534 SW 137TH PASSAGE
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05042007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5469432

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRISCIANDARO, MARIA E
11534 SW 137TH PASSAGE
MIAMI, FL 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRISCIANDARO, MARIA E 11534 SW 137TH PASSAGE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRISCIANDARO, CATALINA M 11534 SW 137TH PASSAGE MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCIANDARO, MARIA E 11534 SW 137TH PASSAGE MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRISCIANDARO, CATALINA M 11534 SW 137TH PASSAGE MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10%
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCIANDARO ASESORES GERENCIALES C.A. CALLE 73 Edificio Las Luissas LOCAL 2 MARACAIBO VENEZUELA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 80%
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #