2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachme

SIGNATURE: X

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # P93000084248 04-22-2005 90290 034 ***150.00 1. Entity Name SEGOVIA ENVIOS INC. Principal Place of Business Mailing Address 534 BELVEDERE RD 1229 WORTHINGTON STREET WEST PALM EBAHC, FL 33405 WEST PALM BEACH, FL 33401 No Chg-P CR2E034 (10/03) 04182005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0517264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION: SYSTEM - -DO NOT WRITE 1201 HAYS STREET **SUITE 105** IN THIS SPACE TALLAHASSEE, FL 32301 · 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SEGOVIA, DIOGENES O NAME STREET ADDRESS 1229 WORTHINGTON STREET WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE NAME SEGOVIA, OVIDIO J 1229 WORTHINGTON STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

empowered

FILED