## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2007 8:00 am Secretary of State DOCUMENT # P94000029140 1. Entity Name 02-14-2007 90061 017 \*\*\*150.00 IVA-MAR ENTERPRISES, INC. Principal Place of Business Mailing Address 400 W INDIANTOWN ROAD 400 W INDIANTOWN RD JUPITER FL 33458 JUPITER FL 33458 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 65-0488485 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERTUZZELLI, GIANNI Street Address (P.O. Box Number is Not Acceptable) 400 W. INDIANTOWN RD. JUPITER FL 33458 City 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 little c applicable (NOTE Registered Agent signature required when reinstature) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ши 100 ☐ Addition ☐ Delete Bertissell: Gonn: BERTUZZELLI, GIANNI 400 w. Fridian bun Rd NAMI NAME 126 E HAMPTON WAY STREET ADDRESS STREET ADDRESS Juster 12 33458 JUPITER FL CHY SI-7IP CITY ST ZIP Change DILE Defete DILL Addition BRANCATO, MARGHERITA NAME NAME 400 w. Indientam Rd 180 E HAMPTON WAY SHILL LADDRESS STREET ADDRESS JUPITER FL 33458 CHY-SI-ZIP CITY ST ZIP Defete THE Change DILLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7(P CITY ST ZIP Delete шы ( ) Change Addition mu NAMI NAMI STREET ADDRESS STREET ADDRESS CHY SE-ZIP CHY ST 7IP ☐ Delcte ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-S1-7IP CITY S1-7IP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

SIGNATURE:

FILED