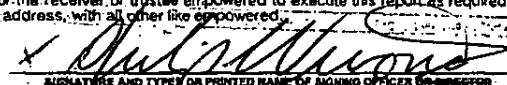


FILED
May 04, 2004 8:00 am
Secretary of State

04-06-2004 90030 026 ***150.00

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

4/6

DOCUMENT # P9000036307			
1. Entity Name TONY VIVONA, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4310 SHERIDAN ST. #202 Suite, Apt. #, etc.		3. Mailing Address 4310 SHERIDAN ST. #202 Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021	Country	Zip 33021	Country
4. FEI Number 65-0497842		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name BURTON, ANDRE S.			
Street Address (P.O. Box Number is Not Acceptable) 4310 SHERIDAN STREET, SUITE 202			
City HOLLYWOOD		FL	Zip Code 33021
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 reissuing)			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS			
TITLE DPS	NAME Vivona, Tony	STREET ADDRESS 4310 Sheridan St., Suite 202	CITY-ST-ZIP Hollywood, FL 33021
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-27-04 973-70819-9537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER-REGISTRAR			

CR2E034B (12/02)