FILED
May 04, 2004 8:00 am
Secretary of State
04-06-2004 90030 026 ***150.00

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FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9000036307

1. Entity Name

TONY VIVONA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4310 SHERIDAN ST. #202	4310 SHERIDAN ST. #202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOLLYWOOD, FL	HOLLYWOOD, FL
Zip 33021 Country	Zip Country 33021

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0497842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE: If postmarked after January 1 thru May 1 Fee is $150.00; After May 1 Fee is $550.00; Amended UBR Fee is $61.25; Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPS NAME STREET ADDRESS CITY-ST-ZIP	Vivona, Tony 4310 Sheridan St., Suite 202 Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DPS NAME STREET ADDRESS CITY-ST-ZIP	ATTORNEY AT LAW CORPORATE DIRECTOR

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: x [signature] x 4-27-04 954-379-9537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #