2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0567127	1. Entity Nar	IMENT # P9400005729 me ENVIOS INC.	99			Secretary of State	
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0567127 5. Certificate of Stalus Desired 4. FEI Number 65-0567127 5. Certificate of Stalus Desired 58.7 Fee R 5. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 5. Certificate of Stalus Desired 58.7 Fee R 5. So Write In This SPACE 5. Certificate of Stalus Desired 5. The above named entity submits this statement for the purpose of changing its registered agent of the obligations of registered agent. 5. This SPACE 5. This	5358 W 12	TH AVE	5358 W 12TH AVE	•	 	W Hil reiki bersh biki idolo kirib lossa ibikiba il susi	
PENA, ANDRES 5358 W 12TH AVE HIALEAH, FL B. 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 familia the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE TILE NOW!!! FRE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. DST PENA, ANDRES 8846 NW 149 LANE HIALEAH, FL 33018 TILL DST NIME DST NIME DST NIME PENA, VERONICA SIRETADRESS CITY-ST-2P HIALEAH, FL 33018 TILL MAKE SIRETADRESS CITY-ST-2P TILL MAKE SIRETADRESS CITY-ST-2P TILL					4. FEI Number Applied For 65-0567127 Not Applied be		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registored agent and 186 7 applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PENA, ANDRES SIRRET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME SIRRET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME SIRRET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE TI	5358 W 1	NDRES 2TH AVE	stered Agent		-	•	
10. OFFICERS AND DIRECTORS TITLE P NAME PENA, ANDRES STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE DST PENA, VERONICA STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when refusating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE IN THIS SPACE IN THIS SPACE TITLE	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PENA, ANDRES 8846 NW 140 LANE HIALEAH, FL 33018 DST PENA, VERONICA 8846 NW 140 LANE	CTORS			000182801 05-80042-012 150.00	
l l	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				_		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I nicicated 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 and 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 changed, or on an attachment with an act less with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with hរ៉ាន៍	Tiling does not qualify for the exe	mption stated in Se	action 119.07(3)(i), Florida Statu	es. I further certify that the information	