


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000084230**

1. Entity Name  
**SEVILLANA IMPORTS, INC.**



Principal Place of Business      Mailing Address

12133 SW 131 AVE      12133 SW 131 AVE  
 MIAMI, FL 33186 US      MIAMI, FL 33186 US

**DO NOT WRITE IN THIS SPACE**



01152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0783770**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, DISNEY D**  
**169 E FLAGLER ST**  
**STE 1527**  
**MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000074399  
 03/03/04-80017-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BELLO FEO, JUAN H
STREET ADDRESS	8VA TRANSVERSAL, PARCELA Q4 Y Q5
CITY-ST-ZIP	VALENCIA, VENEZUELA, FL 33193
TITLE	DVPS
NAME	BELLO FEO, RICARDO E
STREET ADDRESS	8VA TRANSVERSAL, PARCELA Q4 Y Q5
CITY-ST-ZIP	VALENCIA, VENEZUELA, FL 33193
TITLE	VP
NAME	ESCALONA-OVIOL, MORAIMA
STREET ADDRESS	7920 CAMINO REAL M201
CITY-ST-ZIP	MIAMI, FL 331436720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MORAIMA ESCALONA-OVIOL      3-01-04      3052340875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #