

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90108 020 ***150.00

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1. Entity Name

LIBRERIA FIAT VOLUNTAS TUA, INC.



Principal Place of Business
2336 SW 67TH AVENUE
MIAMI FL 33155

Mailing Address
6271 SW 30TH ST.
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0957679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALEANO, FAUSTO
6271 SW 30TH ST.
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GALEANO, FAUSTO
STREET ADDRESS 6271 S.W. 30TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TDM ☐ Delete
NAME GALEANO, MARIA G
STREET ADDRESS 6271 SW 30 ST.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ILLANEZ, FABIOLA
STREET ADDRESS ISLA ISABELA #1497
CITY-ST-ZIP QUITO EC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete →
NAME GALEANO, FAUSTO JR.
STREET ADDRESS HOMERO SALAS 118 Y ALTAR. TORRE 2,AP.4
CITY-ST-ZIP QUITO EC

TITLE D ☒ Change ☐ Addition
NAME GALEANO, FAUSTO JR.
STREET ADDRESS AVE. ELOY ALFARO # 466 y 9 DE OCTUBRE
CITY-ST-ZIP QUITO - EC

TITLE D ☐ Delete
NAME GALEANO, ALEXANDRA
STREET ADDRESS ISLA ISABELA #1497
CITY-ST-ZIP QUITO EC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

María G. Galeano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

Date

786 3883128

Daytime Phone #