## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOCUMENT # S77803** 1. Entity Name

**FILED** Apr 01, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

38C NORTHWEST 58TH COURT MIAMI, FL 33126

**NEVI CORPORATION** 

380 NORTHWEST 58TH COURT MIAMI, FL 33126



03292005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0284002 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

VIGO, LADISLAO 380 NORTHWEST 58TH COURT MIAMI, FL 33126			DO NOT WRITE IN THIS SPACE				
8. The above	e named entity submits this statement for the pations of registered agent.  Signature, typed or printed name of registered agent and title in the patients of	1994 <u>- 1</u> 2	Agent signature	required when reinstating)  \$5.00 May Be Added to Fees	oth, in the State of Florida. I am familiar with, and ac	cept	
10.  UTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT PD NEGRON, MANUEL 2220 S.W. 90TH AVENUE MIAMI, FL	TORS					
TITLE NAME STREET ADDRESS	TD NEGRON, EMERITA 2220 S.W. 90TH ĀVENUE MIAMI, FL				U00000283811 04/01/05-80044-006 158.75		
TITLE NAME STREET ADDRESS CITYEST-ZIP	SD VIGO, DAISY 380 N.W. 58TH COURT MIAMI, FL	-  	-	DO	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIGO, LADISLAO 380 N.W. 58TH COURT MIAMI, FL	·		IN THIS SPACE			
NAME, STREET ADDRESS ENTY-ST-ZIP		A. C. C.					

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 addiess, with all other like empowered.

SIGNATURE: اطولان

NAME STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE. KRESIDENT