

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90165 003 ***150.00

DOCUMENT # S84013

1. Entity Name
RAVELLO, INC.



Principal Place of Business
8805 SW 132 ST.
MIAMI, FL 33176 US

Mailing Address
8805 SW 132 ST.
MIAMI, FL 33176 US



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0285761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIBAS, MARISA PISANI
101 CRANDON BLVD.
178
KEY BISCAVNE, FL 33149

**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

Marisa Pisan

Signature, typed or printed name of registered agent and title if applicable.

Marisa Pisan

(NOTE: Registered Agent signature required when reinstating)

4/23/2004

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOCCIA, LUCIA
251 CRANDON BLVD. #324
KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIBAS, MARISA PISANI
101 CRANDON BLVD. # 178
KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIANTRANCO, PISANI
1400 OLD CUTLER ROAD
MIAMI, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Marisa Pisan **HARISA PISANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2004
Date

(305) 252-9889
Daytime Phone #