2005 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # 414742** 1. Entity Name IVENCO LAND GROUP, INC. Principal Place of Business Mailing Address 1428 BRICKELL AVE #105 1428 BRICKELL AVE #105 MIAMI, FL 33131 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Jan 28, 2005 8:00 am Secretary of State

01-28-2005 90014 013 ***150.00

40007765



01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1449432

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

1428 BRICKELL AVE STE 105 MIAMI, FL 33131			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 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		9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			or the contract of the contrac	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, ERNEST M. 1428 BRICKELL AVE, STE 105 MIAMI, FL	4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABIANCA, PHILIP 1428 BRICKELL AVE, STE 105 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVECCHI, JOHN 1428 BRICKELL AVE, STE 105 MIAMI, FL 33131			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEISBERG, ALAN J. 1428 BRICKELL AVE #105 MIAMI, FL			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOERNER, JUDITH A 1428 BRICKELL AVE #105 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HALPRYN, GLENN L 1428 BRICKELL AVE., STE. 105 MIAMI, FL 331313409					
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 afficitive empowered.

SIGNATURE:

HALPRYN ERNEST M

MMJudith A. Hoerner, VPS

01/12/05

(305) 371-4112

Date

Daytime Phone #