2003 UNIFORM BUSINESS REPORT (UBR) K50844 DOCUMENT # 1. Entity Name CAVENUS, INC. Principal Place of Business Mailing Address % SINIVARDO NAVARRO % SINIVARDO NAVARRO -1784 W. FLAGLER-STREET.-SUITE #7--1704 W. FLAGLER STREET. SUITE #1 -MIAMI FL 98195-MIAMI FL 33135 ---2. Principal Place of Business 8885 5.W. 27TH 3. Mailing Address 5.W. 27 4 57.

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90244 006 ***158.75



Suite, Apt. #, etc.		Suite. Apt. #, etc.			DO NOT V	WRITE IN THIS S	SPACE	
Oltv & State MIAMI, FLO	RIDA	City & State MIAMI,	FLORIDA	4. F	El Number 65-00988	78		oched For ot Applicable
	IMI-DADE	^{Zii} 33165	Country MIAMI-	DADE 5. C	Certificate of Status Desire		\$8.75 Add Fee Require	
6. Name and A	Niero	7. Name and Address of New Registered Agent						
NAVARRO, SINIVARDO -1784 W. FLAGLER STREET -SUITE #7-			Street &	udaress (P.O. B 3 85 3	cx Number is Not Accept	pble)		
MIAMI FL 33135	1		·· City	1/AMI		FL	Zig Cag	165
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. SIGNATURE Signature, typed or onnied name of registary agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
This corporation is eligible to s Tax filing requirement and election (See criteria on back)	ets to do so	After May 1, 2 Make Check Pay	VIII FEE IS \$150 2003 Fee will be \$ able to Departmen	550.00 it of State	10. Election Campaigr Trust Fund Contrib	oution.	Added	May Be to Fees
TITLE IPD	OFFICERS AND DIRE		12.	ADI	DITIONS/CHANGES TO	JEFICERS AND		 -
TITLE PD NAME. NAVARRO, SINIV STREET ADDRESS CITY-ST-ZIP MAMI-FL 30135	1 3T #7	☐ Deleté	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8885 MIAM	S.W. 277 11, FL 33	# ST. 165	Change Change	☐ Addition
TITLE SD TORO, SCARLET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135	1 ST #7-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	5.W. 27I		Change .	Addition ·
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
13. I hereby certify that the inform indicated on this report or sup	ation supplied with this fi plemental report is true	iling does not qualify f	for the exemption sta	ted in Section 1 ave the same le	19.07(3)(i), Florida Statute	es. I further cert ter oath: that I a	ify that the in	itormation or director

of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607. Floring Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears in block 11 or Block 12 if changed.

CER OR DIRECTOR