


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P04000084471
1. Entity Name
DUCAVEN INC.



Principal Place of Business
4400 GRANT STREET
HOLLYWOOD, FL 33021

Mailing Address
4400 GRANT STREET
HOLLYWOOD, FL 33021



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2318229 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ZAMORA, GEORGE
3191 CORAL WAY, SUITE 404
MIAMI, FL 33145

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUVEN, EDGAR
STREET ADDRESS	4400 GRANT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	V
NAME	DE DUVEN, MARIA CACHUTT
STREET ADDRESS	4400 GRANT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T
NAME	DUVEN, ANDREINA
STREET ADDRESS	4400 GRANT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	DUVEN, MARIAN
STREET ADDRESS	4400 GRANT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000780337
01/14/08-80018-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  PRES. 1/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #