

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039943

Entity Name: IMPROVVEST, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

5941 SW 116 ST
CORAL GABLES, FL 33156

New Principal Place of Business:

1741 ALTON ROAD
MIAMI BEACH, FL 33139

Current Mailing Address:

4141 NE 2 AVE STE 105-C
MIAMI, FL 33137

New Mailing Address:

1741 ALTON ROAD
MIAMI BEACH, FL 33139

FEI Number: 20-2734875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSOUSSAN, LAURENT D
1741 ALTON RD
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: TAKE CARE USA, INC.,
Address: 5941 SW 116H STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: TAKE CARE USA, INC.,
Address: 11710 SW 80TH ROAD
City-St-Zip: PINE CREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAKE CARE USA, INC.

PS

03/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date