


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90665 027 ***150.00

DOCUMENT # P99000002240

1. Entity Name
TELEVEN INTERNATIONAL CORPORATION



Principal Place of Business 2665 S BAYSHORE DR SUITE 703 MIAMI, FL 33133	Mailing Address 2665 S BAYSHORE DR SUITE 703 MIAMI, FL 33133
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J4870474



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
 2665 S BAYSHORE DR
 SUITE 703
 MIAMI, FL 33133

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, 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	DP ZAMORA, OMAR C 2665 S BAYSHORE DR #703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMERO, OMAR G A 2665 S BAYSHORE DR #703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSAS ALVAREZ, MARTIN C 2665 S BAYSHORE DR #703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04 (305) 258-9900
 Date Daytime Phone #