


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000010939**  
 1. Entity Name  
**LIBVEN INVESTMENT, CORP.**



Principal Place of Business      Mailing Address  
**5757 COLLINS AVE.,#1205**      **5757 COLLINS AVE.,#1205**  
**MIAMI BEACH, FL 33140**      **MIAMI BEACH, FL 33140**

**DO NOT WRITE IN THIS SPACE**



04082004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0987375</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAZZA-MARTINEZ, TANIA A**  
**782 NW LE JEUNE RD.,STE.638**  
**MIAMI, FL 33126**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000126739  
 04/23/04-80049-010 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHO KURL, ANTONIO MR. 5757 COLLINS AVE.,#1205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE RACHO, SUSANA M MS. 5757 COLLINS AVE.,#1205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHO MIGUEL, JAMIL MR. 5757 COLLINS AVE.,#1205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHO MIGUEL, JORGE MR. 5757 COLLINS AVE.,#1205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHO MIGUEL, ELIAS A MR. 5757 COLLINS AVE.,#1205 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHO MIGUEL, SUSANA M MS. 5757 COLLINS AVE.,#1205 MIAMI BEACH, FL 33140

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** Susana Racho    **SUSANA M. RACHO MIGUEL**    **APR 15 04**    **305-7787171**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #