

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010939

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: LIBVEN INVESTMENT, CORP.

**Current Principal Place of Business:**

5757 COLLINS AVE.,#1205  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

848 BRICKELL KEY DRIVE # 3701  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0987375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZZA-MARTINEZ, TANIA A  
9130 S. DADELAND BLVD. # 1600  
MIAMI, FL 33156 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: D ( ) Delete  
Name: RACHO KURI, ANTONIO MR.  
Address: 5757 COLLINS AVE.,#1205  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: DE RACHO, SUSANA MRS.  
Address: 5757 COLLINS AVE.,#1205  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: RACHO MIGUEL, JAMIL MR.  
Address: 5757 COLLINS AVE.,#1205  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: RACHO MIGUEL, JORGE MR.  
Address: 5757 COLLINS AVE.,#1205  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: RACHO MIGUEL, ELIAS A MR.  
Address: 5757 COLLINS AVE.,#1205  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: RACHO MIGUEL, SUSANA M MRS.  
Address: 5757 COLLINS AVE.,#1205  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSANA RACHO

D

03/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date