


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000093794</b> 1. Entity Name <b>NIVA CORPORATION</b>						<b>FILED</b> 05 SEP 12 PM 2:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>3001 OAK HAMMOCK LANE #C TALLAHASSEE, FL 32301</b>				Mailing Address <b>3001 OAK HAMMOCK LANE #C TALLAHASSEE, FL 32301</b>			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>562465583</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
<b>HALL, LA-KICCA R 2014 SHERIDAN RD. TALLAHASSEE, FL 32303</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>AVIN, AHMOSE SR.</b> <b>3001 OAK HAMMOCK LANE #C</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200059787862</b> <b>09/20/05--01054--012 **150.00</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>HALL, LA-KICCA R</b> <b>2014 SHERIDAN RD.</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>HALL, SANDI</b> <b>2014 SHERIDAN RD.</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>9/13/05</b> Daytime Phone # _____			