

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 620768

Entity Name: SERVINVEST CORP.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

691 W 64TH DRIVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

691 W 64TH DR., HIALEAH, FL 33012  
PO BOX 66-1094  
MIAMI SPRINGS, FL 332661094

**New Mailing Address:**

FEI Number: 59-1910021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACUNA, IRENE E  
691 W. 64TH DRIVE  
HIALEAH, FL 33012 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

**OFFICERS AND DIRECTORS:**

Title: VS  
Name: ACUNA, ROBERTO VS  
Address: 691 W. 64TH DRIVE  
City-St-Zip: HIALEAH, FL 33012

Title: PD  
Name: ACUNA, IRENE E PD  
Address: 691 W. 64TH DRIVE  
City-St-Zip: HIALEAH, FL

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO ACUNA

VP

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date