


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 662294
 1. Entity Name
THE IVENS CORPORATION



Principal Place of Business Mailing Address
 800 71ST ST, 2ND FL 800 71ST ST, 2ND FL
 MIAMI BCH, FL 33141 MIAMI BCH, FL 33141

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2009309 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 IVENS, HARTMUT
 800 71ST ST, 2ND FL
 MIAMI BEACH, FL 33141

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DP |
| NAME | IVENS, HARTMUT |
| STREET ADDRESS | 800 71ST ST, 2ND FL |
| CITY-ST-ZIP | MIAMI BCH, FL 33141 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

UD0000429184
 02/21/06 80072-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **2/7/06** **305 868-1261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #