2005 FOR PROFIT CORPÖRATION ANNUAL REPORT

Secretary of State DOCUMENT #844168 03-10-2005 90150 038 ***150.00 1. Entity Name NIVESA CORPORATION, N.V. Mailing Address Principal Place of Business 150 SE 2ND AVE. 150 SE 2ND AVE. STE. 914 STE. 914 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01102005 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 59-1757072 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALLE, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVE. STE. 914 MIAMI, FL 33131 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STVP Delete TITLE ☐ Change ☐ Addition TITLE VALLE, ALBERTO NAME NAME STREET ADDRESS 150 SE 2ND AVE., STE. 914 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTINEZ, BASILIO NAME NAME STREET ADDRESS 150 SE 2ND AVE., STE. #914 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change □ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete THIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 1 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 10, 2005 8:00 am