

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006319

Entity Name: SELAVI, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

100 NORTH BISCAYNE BOULEVARD  
SUITE 500  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

100 NORTH BISCAYNE BOULEVARD  
SUITE 500  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 13-3991594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

JADE ASSOCIATES MIAMI, INC.  
100 NORTH BISCAYNE BLVD, SUITE 500  
MIAMI, FL 33132 US

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: OLIVIER SUREAU

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BATTU, PIERRE  
Address: 229 EAST 29TH STREET APT 6 F  
City-St-Zip: NEW YORK, NY 10016

Title: VD ( ) Delete  
Name: AMSALLEM, GILLES  
Address: 6720 HILLPARK AVE. #401  
City-St-Zip: LOS ANGELES, CA 90068

Title: S ( ) Delete  
Name: SUREAU, OLIVIER  
Address: 100 NORTH BISCAYNE BLVD., SUITE 500  
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete  
Name: JAEGLE, EMMNUEL  
Address: 915 BROADWAY, SUITE 1400  
City-St-Zip: NEW YORK, NY 10010

## 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:

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: PIERRE BATTU

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date