

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006319

FILED
Apr 30, 2009
Secretary of State

Entity Name: SELAVI, INC.

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 ()

Name and Address of Current Registered Agent:

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

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

_____ Electronic Signature of Signing Officer or Director

MEMB

04/30/2009

_____ Date