


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 037 ***150.00

DOCUMENT # G54200 1. Entity Name V L HAVENS, INCORPORATED																													
Principal Place of Business % ESTHER A. ZARETSKY 1655 PALM BEACH LAKES BLVD., SUITE 900 WEST PALM BEACH, FL 33401			Mailing Address C/O LEE HAVENS FINE JEWELRY 235 C WORTH AVENUE PALM BEACH, FL 33480 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 65-0120171 Applied For <input type="checkbox"/> Not Applicable																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ZARETSKY, ESTHER A. 1655 PALM BEACH LAKES BLVD. SUITE 900 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">SDP</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAVENS, VERNON LEE II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2195 IBIS ISLE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> </table>			TITLE	SDP	<input type="checkbox"/> Delete	NAME	HAVENS, VERNON LEE II		STREET ADDRESS	2195 IBIS ISLE RD		CITY-ST-ZIP	PALM BEACH, FL 33480		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">411 26th Street</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>West Palm Beach, FL 33405</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	411 26 th Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	West Palm Beach, FL 33405		STREET ADDRESS			CITY-ST-ZIP		
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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: <u>V.L. Havens II</u> Res. 3/15/07 561-659-5377 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

40036850



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