


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # K56824 1. Entity Name EUROVEN CORPORATION	
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Principal Place of Business 4925 SW 75 AVE MIAMI, FL 33155	Mailing Address 4925 SW 75 AVE MIAMI, FL 33155 US
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0093366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SICILIA, ANTONIA 4925 SW 75 AVE MIAMI, FL 33155

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SICILIA, PEDRO 4925 SW 75 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SICILIA, ANTONIA 4925 SW 75 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SICILIA, PEDRO ANTONIO 4925 SW 75 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAVIJO, ELIZABETH SICI 4925 SW 75 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80008-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Elizabeth D. Clavijo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2007
Date

Daytime Phone #