

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90302 001 \*\*\*277.50

<b>DOCUMENT # L07000074749</b> 1. Entity Name <b>MIVEN GROUP, LLC</b>					
Principal Place of Business <b>18851 NE 29TH AVE STE 900 AVENTURA, FL 33180</b>			Mailing Address <b>18851 NE 29TH AVE STE 900 AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box # <b>8406 NW 66 St.</b>		3. Mailing Address <b>8406 NW 66 St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>		4. FEI Number <b>26-1100337</b>	
Zip <b>33166</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROTH, LEONARDO A ESQ 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent Name <b>Cabanas &amp; Associates, P. A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10520 NW 26 St. - Ste. C201</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33172</b>			
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 <b>Joseph F. Cabanas</b> <b>4-23-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEES \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTRESCA, ROBERTO B M 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ventresca, Roberto B 8406 NW 66 St. Miami, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICELLI, CARLOS A G 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Micelli, Carlos A. 8406 NW 66 St. Miami, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARIAS, MARIA P R 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arias, Maria P. 8406 NW 66 St. Miami, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPPUCCIO, ANA E G 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cappuccio, Ana E. 8406 NW 66 St. Miami, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			<b>04/23/08</b> <b>(786) 449 8277</b> <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Roberto B. Ventresca</b>					

**30004865**



04032008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

Additional Fee Required

Zip Code

Make check payable to  
Florida Department of State

ADDITIONS/CHANGES

☒ Change ☐ Addition

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