


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90302 001 ***277.50

DOCUMENT # L07000106246	
1. Entity Name MIVEN AMERICA, LLC	

Principal Place of Business 18851 NE 29TH AVE. STE 900 AVENTURA, FL 33180	Mailing Address 18851 NE 29TH AVE. STE 900 AVENTURA, FL 33180
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30004864



2. Principal Place of Business - No P.O. Box # 8406 NW 66 St.	3. Mailing Address 8406 NW 66 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State Miami, FL	City & State Miami, FL
Zip 33166	Country U.S.
Zip 33166	Country U.S.

4. FEI Number 26-1366640	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ 18851 NE 29TH AVE. STE 900 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Cabanas & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26th St. - Ste. C201 City Doral FL Zip Code 33172
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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 	Joseph F. Cabanas 4-23-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTRESCA, ROBERT B 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICELLI, CARLOS A. 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARIAS, MARIA P. 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPPUCCIO, ANA E 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	04/23/08 (786) 449 8277
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

Roberto B. Ventresca