

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90045 020 \*\*\*150.00

<b>DOCUMENT # L19609</b>	
1. Entity Name <b>BIV INVESTMENTS AND MANAGEMENT, INC.</b>	



Principal Place of Business <b>1101 BRICKELL AVE STE 701 MIAMI, FL 33131 US</b>	Mailing Address <b>1101 BRICKELL AVE STE 701 MIAMI, FL 33131 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01142004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0145363</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301</b>	
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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.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELLAN GONZALEZ, LEONARDO</b>	NAME	
STREET ADDRESS	<b>BANCO INDUSTRIAL DE VENEZUELA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CARACAS, VE</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, MARCOS</b>	NAME	
STREET ADDRESS	<b>BANCO INDUSTRIAL DE VENEZUELA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CARACAS, VE</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROS-LLOBELL, SILVINA</b>	NAME	
STREET ADDRESS	<b>1101 BRICKELL AVE. SUITE 701</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LADES-CHIRINOS, MARTIN</b>	NAME	
STREET ADDRESS	<b>BANCO INDUSTRIAL DE VENEZUELA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CARACAS, VE</b>	CITY-ST-ZIP	
TITLE	<b>GM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRER-LOPEZ, ILDEFONSO</b>	NAME	
STREET ADDRESS	<b>1101 BRICKELL AVE, STE 701</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date _____ Daytime Phone # _____	