

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90117 042 \*\*\*550.00

<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>		
2. Principal Place of Business <b>1101 Brickell Avenue</b>		3. Mailing Address <b>1101 Brickell Avenue</b>			
Suite, Apt. #, etc. <b>Suite 900 SA</b>		Suite, Apt. #, etc. <b>Suite 900 SA</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33131</b>		Country <b>USA</b>			
4. FEI Number <b>65-0145363</b>		Applied For <input type="checkbox"/> Not Applicable		06222005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b>  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>	
<b>7. Name and Address of New Registered Agent</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
DATE _____		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DELLAN GONZALEZ, LEONARDO</b> <input checked="" type="checkbox"/> Delete <b>BANCO INDUSTRIAL DE VENEZUELA</b> <b>CARACAS, VE</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Luis Quiaro</b> <b>Banco Industrial de Venezuela</b> <b>Caracas, Venezuela</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>RODRIGUEZ, MARCOS</b> <b>BANCO INDUSTRIAL DE VENEZUELA</b> <b>CARACAS, VE</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>BARROS-LLOBELL, SILVINA</b> <b>1101 BRICKELL AVE. SUITE 701</b> <b>MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM</b> <input checked="" type="checkbox"/> Delete <b>FERRER-LOPEZ, ILDEFONSO</b> <b>1101 BRICKELL AVE, STE 701</b> <b>MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sandra Mallot-Diez</b> <b>1101 Brickell Avenue, Ste 900 S</b> <b>Miami, FL 33131</b>	
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	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>06/24/05</b> Daytime Phone # _____		