

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L19609 | |
| 1. Entity Name BIV INVESTMENTS AND MANAGEMENT, INC. | |
| Principal Place of Business 1101 BRICKELL AVE STE 900 SA MIAMI, FL 33131 US | Mailing Address 1101 BRICKELL AVE STE 900 SA MIAMI, FL 33131 US |



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 65-0145363 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 |
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**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**

U00000674947
03/29/07-80083-017 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P QUIARO, LUIS BANCO INDUSTRIAL DE VENEZUELA CARACAS, VE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RODRIGUEZ, MARCOS BANCO INDUSTRIAL DE VENEZUELA CARACAS, VE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARROS-LLOBELL, SILVINA 1101 BRICKELL AVE. SUITE 900 S MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GM MALLOT-DIEZ, SANDRA 1101 BRICKELL AVE, STE 900 S MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/07
Date Daytime Phone #