



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90047 043 ***150.00

DOCUMENT # L32963 1. Entity Name LARVEN, INC.					
Principal Place of Business C/O IVEN TAUB 12 DANTE STREET LARCHMONT, NY 10538 US			Mailing Address C/O IVEN TAUB 12 DANTE STREET LARCHMONT, NY 10538 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o L.S. Taub 1447 Seville Road City & State Santa Fe, NM			
City & State Zip		City & State Santa Fe, NM Zip 87505-4647		Country USA	
4. FEI Number 11-2993587				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAUB, DANIEL 13546 CROSSPOINTE DR. PALM BCH GARDENS, FL 33448.			7. Name and Address of New Registered Agent Name Irving Lesnick, Esq. Street Address (P.O. Box Number is Not Acceptable) 150 East Palmetto Park Road, Suite 500 City Boca Raton		
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.			Irving Lesnick 3/3/04		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS TAUB, IVEN R. 12 DANTE ST. LARCHMONT, NY 10538	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD TAUB, LAWRENCE S. 1447 SEVILLE RD. SANTE FE, NM 87505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					