

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L94643

1. Entity Name
NIVESA OF FLORIDA, INC.



**FILED
Jan 22, 2008 8:00 am
Secretary of State**

01-22-2008 90061 036 ***158.75

Principal Place of Business
150 SE 2ND AVE.
STE. 900
MIAMI, FL 33131 US

Mailing Address
P.O. BOX 145388
CORAL GABLES, FL 33114 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

150 SE 2 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900

City & State

City & State

MIAMI, FL

Zip

Zip

33131

Country

Country

33131

Country

6. Name and Address of Current Registered Agent

VALLE, ALBERTO
150 SE 2ND AVE.
STE. 900
MIAMI, FL 33131

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.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$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	PD MARTINEZ, BASILIO 150 SE 2ND AVE., 900 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VALLE, ALBERTO 1050 SE 2ND AVE., 900 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Alberto Valle, VP* **Date:** *1/15/08* **Daytime Phone #:** *305-372-0089*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR