

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94643

FILED
Jan 09, 2009
Secretary of State

Entity Name: NIVESA OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

150 SE 2 AVE
900
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0213671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, BASILIO
Address: 150 SE 2ND AVE., 900
City-St-Zip: MIAMI, FL 33131

Title: VPST () Delete
Name: VALLE, ALBERTO
Address: 1050 SE 2ND AVE., 900
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: VALLE, ALBERTO
Address: 1050 SE 2ND AVE., 900
City-St-Zip: MIAMI, FL 33131

Title: VP () Change (X) Addition
Name: VALLE, ISIS
Address: 150 SE 2ND AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

Title: ST () Change (X) Addition
Name: LOPEZ, ENEIDA
Address: 150 SE 2ND AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IV

VP

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date