


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000071140 1. Entity Name AMERVEN SERVICES, INC.	
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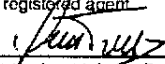
Principal Place of Business 11224 ISLE OF WAKIBRIDGE #202 ORLANDO, FL 32837	Mailing Address 11224 ISLE OF WAKIBRIDGE #202 ORLANDO, FL 32837
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03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3685069	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 TORO, JOHANA 11224 ISLE OF WAKIBRIDGE #202 ORLANDO, FL 32837	
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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 	JOHANA TORO DIRECTOR	03/31/05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO, JOHANA 11224 ISLE OF WAKIBRIDGE #202 ORLANDO, FL 32837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000287585
04/04/05-80072-012 150.00

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: 	JOHANA TORO	03/31/05	(321) 276 0121
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>