2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2004 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State		
DOCUMENT # P0000093505 1. Entity Name ADELVEN, INC.						
Principal Place of Business Mailing Address						
561 NW 183RD ST 561 NW 183RD ST MIAMI, FL 33169						
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DO NOT WRITE IN THIS SPACE				02272004	No Chg-P CR	2E034 (10/03)
			CE	4. FEI Numb	or	Applied For
				65-105	-	Not Applicable
			a secure contract	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						i og nedning
RAY, FARGSON 561 NW 183RD ST			DO NOT WRITE			
661 NW 183RD 51 MIAMI, FL 33169			IN THIS SPACE			
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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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renational) OATE						
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FILE NOW!!! FEE IS \$130.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				0.00 May Be ded to Fees	U000000741 03/03/04-8000	80 17-017 158.75
10.	OFFICERS AND DIR	ECTORS		,,		
TITLE NAME	D RAY, FARGSON		I			
STREET ADDRESS	561 NW 183RD ST					
CITY-ST-ZIP	MIAMI, FL 33169]			
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NAME STREET ADDRESS	RAY, BALDWIN 561 NW 183RD ST		1			
CITY+ST-ZIP	MIAMI, FL 33169					•
TITLE			1			
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STREET ADDRESS CITY+ST-ZIP			,	_DO	NOT WRI	ΓΕ
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STREET ADDRESS CITY-ST-ZIP	{		1			
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12. I hereby	certify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the ex-	emption stated in S	ection 119.07(3)	(i), Florida Statutes. I further	certify that the information
of the co	on this report of supplemental report is tru- reporation or the receiver or trustee empower	red to execute this report as requ	ature small have the lifed by Chapter 60	z same legal ene 07, Florida Statut	es; and that my name appears	at cam an officer or director ars in Block 10 or Block 11 if
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 attactive with an address, with all other like empowered.						