

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093505

FILED
Mar 01, 2009
Secretary of State

Entity Name: ADELVEN, INC.

Current Principal Place of Business:

10021 PINES BLVD, SUITE 214
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

10021 PINES BLVD, SUITE 214
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-1059269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, FARGSON
10021 PINES BLVD SUITE 214
SUITE E-2
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

RAY, FARGSON
10021 PINES BLVD SUITE 214
PEMBROKE PINES, FL 33024 US

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: FARGSON RAY

03/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, FARGSON
Address: 10021 PINES BLVD SUITE 214
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: MAYNARD, EDITH
Address: 1307 SW 118 TERRACE
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: SELBY, JACQUELINE
Address: 1307 SW 118 TERR
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: FARGSON RAY

P

03/01/2009

Electronic Signature of Signing Officer or Director

Date