

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051016

Entity Name: PIVO, INC.

FILED
Feb 25, 2005
Secretary of State

Current Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 610
MIAMI, FL 33181

Current Mailing Address:

11900 BISCAYNE BLVD.
SUITE 610
MIAMI, FL 33181

New Principal Place of Business:

16300 NE 19TH AVENUE
SUITE 253
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

16300 NE 19TH AVENUE
SUITE 253
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-1105685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, MICHEL
11900 BISCAYNE BLVD
SUITE 610
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

COHEN, MICHEL
16300 NE 19TH AVENUE
SUITE 253
NORTH MIAMI BEACH, FL 33162 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:

02/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: COHEN, MICHEL
Address: 11900 BISCAYNE BLVD. SUITE 610
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: COHEN, RAFAEL
Address: 11900 BISCAYNE BLVD. SUITE 610
City-St-Zip: MIAMI, FL 33181

Title: D (X) Delete
Name: HOFFMAN, MARCOS
Address: 11900 BISCAYNE BLVD. SUITE 610
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: COHEN, MICHEL
Address: 16300 NE 19TH AVENUE SUITE 253
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Change () Addition
Name: COHEN, RAFAEL
Address: 16300 NE 19TH AVENUE SUITE 213
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHEL COHEN

PTSD

02/25/2005

Electronic Signature of Signing Officer or Director

Date