FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90157 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065702

1. Entity Name
CORPORATE VENTURES NETWORK, INC.

Principal Place of Business	Mailing Address
18459 PINES BLVD, SUITE #104 PEMBROKE PINES, FL	18459 PINES BLVD, SUITE #104 PEMBROKE PINES, FL

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3876 SW 112 AVE		3876 SW. 112 AVE	
Suite, Apt. #, etc. #115		Suite, Apt. #, etc. #115	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33165	Country USA	Zip 33165	Country USA

4. FEI Number 65-1117931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22 ST, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CHILDERS, CHARLES D 18459 PINES BLVD, SUITE #104 PEMBROKE PINES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CHILDERS, CHARLES D 3876 SW. 112 AVE #115 MIAMI, FL. 33165	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Charles D. Childers President 4/28/03 305 962-0538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #