2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068825

Entity Name: FINANVEN USA, INC

City-St-Zip:

CORAL GABLES, FL 33134

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2655 S LE JEUNE RD SUITE 900 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 5805 BLUE LAGOON DR 2655 S LE JEUNE RD SUITE 900 CORAL GABLES, FL 33134 200 MIAMI, FL 33126 FEI Number: 65-1126135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AG CORPORATE SERVICES, LLC AG CORPORATE SERVICES, LLC 300 SEVILLA AVENUE 5805 BLUE LAGOON DR SUITE 201 200 CORAL GABLES, FL 33134 US MIAMI, FL 33126 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: AG CORPORATESERVICES,LLC 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: GONZALEZ-ROMERO, EMILIO Name: 2655 LEJEUNE RD STE 900 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: () Delete Title: Title: () Change () Addition Name: JOSE STEINER, MARIA Name: 2655 LE JEUNE RD, SUITE 900 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition RIVERO, MARIA ANTONIA Name: Name: 2655 LEJEUNE RD STE 900 Address: Address:

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.

City-St-Zip:

SIGNATURE: EMILIO GONZALEZ ROMERO **DPT** 04/27/2007